

Charles F. Flaherty, Speaker
House of Representatives

REPORT
OF THE
SPECIAL SUBCOMMITTEE ON FOSTER CARE

VOLUME II
The Foster Care System
The Child Abuse Reporting and Investigation System

REPRESENTATIVE MARIE J. PARENTE
CHAIRPERSON

Joint Committee on Human Services and Elderly Affairs

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SPECIAL SUBCOMMITTEE
ON
FOSTER CARE

VOLUME II

The Foster Care System
The Child Abuse Reporting and Investigation System

DEDICATED TO THE MEMORY
OF

Henry Gallop

Arron Johnson

August 11, 1987

November 17, 1987

JUSTICE DELAYED IS JUSTICE DENIED

SPECIAL REMEMBRANCE
TO

GOLDIE ROGERS
FOSTER MOTHER

GOLDIE'S LEGACY
FOSTERING LOVE

CHILDREN ARE THE MOST VULNERABLE MEMBERS OF OUR SOCIETY....
THEY ARE ALSO OUR FUTURE STRENGTH.

August, 1991

Special Thanks

to

Charles Flaherty, Speaker of the House

Joint Committee on Human Services and Elderly Affairs
Representative Paul Kollios, House Chairman
Senator Williams Owens, Senate Chairman

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Representative Stanley Rosenberg

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Representative Shirley Owens-Hicks
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In April, 1991, a special House Order was passed by Speaker Charles Flaherty extending the Special Subcommittee on Foster Care as the Legislative House Committee on Foster Care.

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This report and all the efforts and the initiatives of the Special Subcommittee are sincerely dedicated to all foster children - past, present, and future - and to all foster parents who take these children into their homes and lives.

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INTRODUCTION AND OVERVIEW

Formation of Foster Kids Legislative Caucus

In December of 1987, State Representative Marie Parente, State Representative Stanley Rosenberg, State Representative Gloria Fox, and State Representative Larry Giordano, all former foster children, convened a meeting to discuss the creation of a legislative caucus concerned with foster children and their care and protection.

This first meeting was held as a result of reports of the deaths of three children living in foster care - Henry Gallop and Arron Johnson in 1987, and Jared Hall in 1985.

The four State Representatives voted unanimously to establish the Foster Kids Legislative Caucus, which was formed as a concerned response to the deaths of the three foster children, and as an initiative to review and evaluate the state's foster care system.

The Legislative Caucus met from January, 1988 through May, 1988, and became increasingly aware of the complexities of the foster care system, and the child abuse reporting and investigative process. Concurrently, there were the beginnings of alarming increases in reports and investigations of child maltreatment, and increases in placements of children in foster care. More children were entering foster care from families that were increasingly dysfunctional and neglectful due to the combined forces of domestic violence and drug and alcohol abuse.

As the need for further study became more evident, the members met with Governor Michael Dukakis in April of 1988 to express their concerns. The members then requested a meeting with Speaker of the House, George Keverian, to establish the Special Subcommittee on Foster Care, under the Joint Committee on Human Services and Elderly Affairs. The Senate Chairman of the Committee, Senator John Houston, and the House Chairman of the Committee, Representative Paul Kollios, accepted this proposal, and the Special Subcommittee was established.

The Special Subcommittee was expanded to include ten members of the House and Senate. In addition to the four members of the Foster Kids Legislative Caucus, other members include: Senator Salvatore Albano, Senator Mary Padula, and Representative Barbara Hildt, Representative Kevin Honan, Representative Shirley Owens-Hicks, and Representative Thomas Walsh. The Special Subcommittee began a series of public hearings and meetings, and began an information-gathering and analysis process.

Mission of the Special Subcommittee on Foster Care

The mission of the Special Subcommittee on Foster Care has been to fully examine and evaluate the events surrounding the deaths of Henry Gallop and Arron Johnson, two foster children who died while living in foster care in 1987, to determine what influences, conditions, factors, and problem areas in state agencies, servicing systems, family systems, and in the foster care system contributed to inadequate servicing of, or protection of, the two children. This mission includes a review of all relevant information in order to identify problem areas that can be addressed through recommendations for improvements.

It is the intended mission of the Special Subcommittee members to raise issues, questions, and concerns about policies, procedures, practices, regulations and statutory provisions, to review and evaluate information received at public hearings and through correspondence, and from those most closely involved, such as state agencies and social workers, contracted service providers, foster parents and foster children, and professionals in the child welfare and child protection services.

The members directed the efforts of the Special Subcommittee to identify problem areas relating to the foster care and child abuse investigation systems, particularly as these systems affect and impact on the children who are removed from their homes and placed and serviced in foster care.

In order to further the goals and mission of the Special Subcommittee, the members have stated specific comprehensive findings from their review, and have formed substantial recommendations to address and remediate problem areas identified.

The deaths of Henry Gallop and Arron Johnson illustrated several areas of concern that are indicative of multiple problem areas that must be confronted and modified in order to enable multiple state systems and individuals within those systems, to fulfill their mandates to protect and care for children. The members of the Special Subcommittee hope, through their investigation, efforts, and mission, to raise issues, ask questions, and address problem areas that are in need of substantial, positive change and improvements.

As the Special Subcommittee carried out its review and evaluation of the conditions surrounding the deaths of the two foster children, it became evident that there was a compelling need to expand the scope and mission of the Subcommittee to include a broad range of problem areas and issues. These problem areas focus on the foster care system, the courts and judicial process, the child abuse reporting and investigation

process, the ability of state systems and agencies to protect and care for children, the licensing and monitoring of children in the care of the state, and the level and range of service delivery and support services that are available to children, families, and foster parents. In addition, recent accounts of child maltreatment and child fatality cases in the Commonwealth have centralized the focus, efforts, and mission of the Special Subcommittee on the increasing complexity and urgency of the needs of these children. These conditions, coupled with the current state fiscal crisis and budgetary cutbacks in critical services have added further impetus and initiative to the mission and efforts of the Special Subcommittee.

As the efforts to fulfill their mission progressed, the members of the Special Subcommittee recognized that the mission was two-fold:

- to identify problem areas in the care and protection and servicing of Henry Gallop and Arron Johnson; and
- to identify problem areas in state systems that are responsible for the care and protection of children

The Special Subcommittee decided that it would issue its' report in two volumes.

In May of 1989, the Joint Committee on Human Services and Elderly Affairs' Special Subcommittee on Foster Care issued the first part of its' report. Volume I included an analysis of the cases of Henry Gallop and Arron Johnson, a history of the foster home in which they were placed, a chronology of the events prior to, and subsequent to, their deaths, and an analysis of areas of concern identified as requiring immediate improvements. Recommendations stated in Volume I are applicable to the children's cases, but are also adaptable for generalization to problem areas that exist in the broader purview of state systems that are mandated to service, protect, and care for children.

A review of the events surrounding the deaths of the children indicated problem issues and breakdown areas that permeate several systems. The problem areas and accompanying recommendations are presented in Volume I. While some problem areas may be specific only to the cases of the two foster children, many may be generalized as indicative of problem areas that are systemic and in need of concentrated efforts for change. Systemic changes and improvements made by DSS, OFC, state agencies, and in the service delivery system, are stated in this section, and throughout this report.

A summary of the case involving the deaths of the two children, a discussion of the inquest report, and an update of recent events in the case, are presented towards the end of this section.

The format of Volume I was to first analyze and review the cases of Henry Gallop and Arron Johnson, and the Hill foster home. A chronology of events is presented in Section I of the first volume. Section II presents Areas of Concern, and each subsection outlines a statement of the issues, the problem areas, and recommendations to address the problem areas. The subsections of Section II are:

- A. Mandated Reporters and the Reporting Process.
- B. Response to the Death of a Child in the Care of the State.
- C. Needs of Children in Foster Care and the Provision of Supportive Information and Services.
- D. Types of Placements of Children in Foster Care.

The findings and recommendations from Volume I are stated at the end of this introductory section. Many of the recommendations resulting from the findings of the Special Subcommittee have been implemented by the Department of Social Services. These implementations, in the form of policy, regulatory, practical, and procedural changes, are stated at the end of this section. A package of legislative proposals to address and remedy several problem areas identified, has been filed by Representative Marie J. Parente, Chairperson, and other members of the Special Subcommittee, for the 1990 and 1991 legislative sessions. The proposals, two of which were signed into law in 1990, are summarized at the end of this introductory section.

Topics discussed in Volume II include:

- an examination of the foster care system and how children are placed and cared for in this system
- services and support systems provided to foster parents and children in care
- the licensing and monitoring of the foster care system
- the interaction between natural parents, foster parents, and the systems that are responsible for supporting them
- the service delivery systems and their efficiency, client outcome evaluation and cost-effectiveness
- the courts and judicial procedures involved in the removal of children from their homes and placement in foster care; and the hearing and periodic review processes

- the interaction between state agencies in their mutual responsibility to provide for, support, protect, and service children
- refinement of, and improved utilization of, existing resources and service delivery systems; the system of purchasing services from private providers; improved cost-sharing and cost-effectiveness in service delivery systems; the methods of, and implications of, purchasing services from non-profit private agencies
- the impact of budget cutbacks on services to children, and the care and protection of children
- the profile of foster children; the profile of children who are maltreated; current trends and projections
- the reporting and investigation of child abuse and neglect; outcome and implications of investigations
- the problems experienced by families and children
- preventive and interventive programs in the service delivery systems

Budgetary and funding issues are also discussed in Volume II, along with an analysis of the structures of various state agencies, and the interaction among these agencies in fulfilling their mandates. Findings and recommendations are presented at the end of each section of the report.

The sections of Volume II are:

- I. Profile of Children Placed in Foster Care
- II. The Foster Care System, Parts A and B
- III. The Department of Social Services; Federal Reimbursements for Foster Care Programs; Educational Issues for Foster Children; The Courts and Foster Children
- IV. Child Physical and Sexual Abuse and Neglect Statistical Analysis
- V. The Child Abuse Reporting, Screening, and Investigation Systems

Areas of Concern

Throughout the study of the Special Subcommittee, many areas of concern surfaced and proved to be evidence of problem areas that permeate individual systems and transcend multiple state systems. Of grave concern to the members of the Subcommittee are:

- a. the inconsistent and, at times, inadequate, ability of state systems and servicing agencies to monitor, protect, and care for, certain children in their care
- b. the ability of state systems to internally identify and remediate problem areas; the lack of impartial and independent review teams or systems
- c. difficulties in systems' abilities to intervene and prevent further abusive conditions with children

- d. abilities of state systems to provide adequate support services and monitor service delivery; the policy of provider agencies to refuse to service difficult cases while under state contract
- e. the frequency of court procedures determining the status of children; the participation of natural parents, foster parents, and children in judicial proceedings; the determination of, and standards for, the removal of children
- f. the increases in foster care placements, child abuse reports and investigations, and increases in substance abuse and violence in families; increases in child fatalities, children with AIDS
- g. the foster care review process
- h. the abilities of state systems to implement appropriate response plans in the event of serious injury or deaths of children
- i. the abilities of state systems to fulfill their own mandates
- j. the training and education of social workers, child welfare workers, parents and foster parents, and children in critical issues and problems appropriate to the times

The members of the Special Subcommittee fully recognize that there are numerous foster parents who provide homes for children that are of excellent quality. These foster parents provide love, care, and nurturance to many children who are in urgent need, and devote much of their lives and resources to providing a home and care for these children. The members highly commend these foster parents, for without them there would be no foster care systems, and children would be left without the vital resources they provide. The members also fully recognize that there are many persons, agencies, and service providers who support, service, and enhance the roles of foster parents, and thus, foster children.

The members are also fully cognizant of the fact that the problems of children and families today are complex and multifaceted. Often children placed in foster care are coming from multi-problem and often dysfunctional families. The members commend those persons who provide services under difficult conditions and who strive to support children and families, in times of great need.

While there are conditions of homelessness, single parenthood, illness, poverty, and other factors contributing to families needing to place their children in the care of the state, children are also coming from homes in which there is family violence, drug and alcohol abuse, crime, AIDS, and other problems. The numbers of children coming from these conditions are increasing at an alarming rate, and are contributing to overwhelming state systems and those whose mandate it is to provide services to meet these complex needs. Current fiscal and budget

crises are further exacerbating already-impacted systems. The recommendations contained in this report are proposed with these conditions taken into consideration.

The members, through their recommendations, are urging and encouraging state systems to conduct internal reviews of their mandates and to identify currently existing impediments to the fulfillment and implementation of these mandates.

State agencies are urged to continue to formulate improvements to ensure that children in their charge are fully cared for and protected. Courts and agencies are urged to work more closely with natural parents, foster parents, and all children in a partnership perspective. Increased training and education is urged for all these parties in working toward the best interests of the child. Whenever appropriate and relevant, state systems should request impartial reviews and independent evaluations in all applicable problem areas, and should consider and implement recommendations resulting from such reviews.

The Special Subcommittee has conducted public hearings, reviewed appropriate and relevant regulations, policies, and statutes, studied and analyzed reports, studies, and available data, and has examined and evaluated all information within the purview of its mission. The following report, with the findings and recommendations, are stated with the belief that, through these efforts, the goals of this mission have been fulfilled. It is the concerted, sincere hope of the members that the initiatives stated in this report will help to prevent further deaths and abuse of children, will improve services to families and children, will improve the foster care system and the abuse reporting and investigation systems, and will promote improved measures to care for, protect, and enhance the lives of all children. These improvements can only take place in concert with all persons involved in the lives of children.

Public Hearings and Information-Gathering

The Special Subcommittee on Foster Care conducted several public hearings statewide. The following is a list of locations and dates of the hearings:

May	31, 1988	DSS Area Office, Yarmouth, Cape Cod
July	7	Roxbury Community College
Sept.	21	Methuen High School
Sept.	28	Registry of Deeds, Northampton
Oct.	19	Milford High School
Dec.	6	Gardner Auditorium, State House

In addition to the public hearings, the members of the Special Subcommittee held many meetings with persons concerned with the servicing, monitoring, licensing, and protection and care of children. Members also met with parties involved in the investigation of the deaths of the two children: The Department of Social Services, Executive Office of Human Services, Secretary of Public Safety, Office of the Medical Examiner, Office of the Attorney General, and Offices of the District Attorneys. The members also held meetings with other parties involved, and persons interested in the cases, and in other aspects of the Subcommittee's study. The members met with Professor Len Bloksburg of the BU School of Social Work, who made several positive recommendations and contributions.

Several informative meetings were held with, and correspondence received from, members of the Massachusetts Association of Professional Foster Care, who provided invaluable experiences and assistance to the Special Subcommittee.

The sources of information for this report came from those persons closest to the issues - foster parents, foster children and youth, social workers and counselors, professionals and advocates, and others concerned with children and foster children and families. Their input was of significant value and an important determinant in identifying problems and providing positive solutions. Consistent themes and patterns across systems and perspectives emerged and provided the foundation and framework for this report.

Individual foster parents and foster children, who either testified at public hearings, corresponded with members of the Special Subcommittee, or met in person with the Chairperson and members, provided a wealth of information, knowledge, and experience. Foster parents, foster children, and other parents and children were an invaluable resource and provided a strong impetus and motivation to the efforts of the Subcommittee.

As the public hearings progressed and additional issues and questions were raised, the members sought to obtain all relevant data, research, and vital information, in order that their report could accurately reflect areas in which progress has been made, the identification of problem areas and conditions, and could propose substantial recommendations to address these areas.

Whenever it was determined that further information was needed, the members of the Special Subcommittee met with parties involved, and asked for clarification or further data, and wrote letters to state agencies and others to obtain answers to questions, collect further data, or request specific information or statistics. An assessment of the distribution of foster homes and children in those homes across the state was conducted with the DSS Central Office, DSS Area Offices, and with agencies and private contracted service providers

responsible for approving and monitoring children in foster care. The Subcommittee received a large amount of correspondence from persons who wished to express their concerns, tell of a situation they experienced, state an issue of concern, or offer information that was helpful to the efforts of the Special Subcommittee.

Since Volume I was issued, the members have written to, communicated with, and met with, the Commissioner and representatives of the Department of Social Services, on a wide range of issues, including:

- a. Information on foster care licensing procedures.
- b. Information on the state's Purchase of Services (POS) procedures, and the process involved in contracting with private service providers.
- c. Information on the child abuse and neglect reporting and investigation process.
- d. Statistical data on child abuse and neglect and on foster children.
- e. The C.O.R.I. system.
- f. Federal funding, including information on Title IV-B, Title IV-E, and other federal funding sources.
- g. DSS policies, procedures, and regulations, relating to the child abuse and neglect system and the foster care system.
- h. Input on legislative proposals and state mandates.

The Department of Social Services has provided the members of the Subcommittee with extensive, comprehensive, and detailed information and data. The Department cooperated positively with each request for information in an expedient and thorough manner, and the Commissioner and representatives of the Department were accessible and available to respond to questions and requests for further information. The Department has both initiated and worked together with the Special Subcommittee members, and the Advisory Panel to implement changes and improvements that were recommended.

The Office for Children has also provided invaluable information and assistance to the members, and has implemented changes and improvements through the influences and recommendations of the Special Subcommittee and the Advisory Panel, and through its own initiatives.

The members extend sincere gratitude to the Commissioner of the Department of Social Services and the Commissioner of the Office for Children, and other persons from both agencies in the mutual endeavor to provide a solid and accurate foundation of information for this report.

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On October 3, 1989, the Commissioner and other persons from DSS met with Chairman Parente and other members of the Special Subcommittee on Foster Care to evaluate and review the first volume of the Subcommittee's report. The meeting was requested by Representative Parente and the other legislative members in order to assess the findings and recommendations of Volume I, and request the Department to provide information on the status of, and implementation of, the recommendations of the Special Subcommittee. A list of follow-up questions was also part of the agenda of the meeting. The Department of Social Services provided the members with extensive material on the requested information. Findings, recommendations, and the status on the implementation of the recommendations, are stated at the end of this section.

The members have requested information from all Offices of the District Attorneys for each district across the state on the child abuse and neglect system, multi-disciplinary teams, statistical data, the criminal justice system as it relates to child maltreatment cases, and other relevant information. Offices of the District Attorneys have provided extensive statistical data and other vital information as requested by the Special Subcommittee members. In addition, the members have met with representatives of several District Attorneys, and have maintained regular communication on mutual areas of concern and discussion. The members have met with representatives of the District Attorneys to discuss several aspects of Chapter 119, Care and Protection, including child protection, or multi-disciplinary teams, dual notification to DSS and District Attorneys in certain child maltreatment cases, and other areas. Statistical data is presented in Section 3 of the report, and legislative proposals are discussed in the Introduction, and in Section 3. The members have sought opinions and comments on legislative proposals and in other areas, and the District Attorneys have cooperated extensively.

The Special Subcommittee met with members of the juvenile justice system and discussed relevant issues and needs with judges, attorneys, and probation officers. Representative Marie Parente and Representative Stanley Rosenberg held discussions with juvenile judges and other court personnel, and observed several sessions in juvenile court. Issues relating to foster children and abused children involved in the court system are discussed in Sections II and IV. Actual cases observed are also presented in this section.

The members requested information from the Office for Children, the Department of Mental Health, and other state agencies. The members also met with the Commissioners or representatives of these agencies. Testimony was received from

the agency Commissioners at public hearings conducted by the Special Subcommittee, and this information was invaluable and essential to the efforts of the Subcommittee. The members are very appreciative of the extensive information cooperatively provided by all state agencies who participated.

The members of the Special Subcommittee are extremely grateful to all those who participated in its' initiative and efforts, to those who attended the public hearings and offered testimony, or participated as panelists, those agencies who provided invaluable information, including police, law enforcement persons, and members of the judicial system, health and hospital personnel, social workers, foster parents, parents and children, and all those who contributed to the work of the Special Subcommittee.

The members are especially grateful to and appreciative of the foster children who attended and participated in the public hearings, and who have corresponded with members of the Subcommittee. These children and adolescents offered experiences, expressed concerns, and identified problem areas that could not otherwise be provided to the members. It is to these children, and all foster children that these initiatives and efforts are committed. They are the heart, mind, and strength of the mission of the Special Subcommittee on Foster Care.

State Reports on Foster Care and Child Maltreatment

Other persons and groups have stated their concerns about the conditions prior to, and after, the deaths of the two foster children. The Massachusetts Committee on Children and Youth, MCCY, wrote a letter to Governor Dukakis outlining their concerns, and stated substantial recommendations. Representatives from MCCY testified at a public hearing of the Special Subcommittee, and provided the Subcommittee with invaluable information.

MCCY published an extensive report in August 1988, entitled, "Report on Compliance with the MCCY/DSS Agreement for the Protection of Abused and Neglected Children". This report comprehensively states the provisions as agreed upon with the Department of Social Services, and rates the status on each area of compliance by DSS. Topics of compliance range from health needs of abused and neglected children to prevention of removal of a child from his/her home to the Department's agreeing to maintain adequate numbers of foster care homes. This report has provided an invaluable resource to the Special Subcommittee and is a comprehensive handbook and guide for an analysis of compliance areas designed to meet the needs of abused/neglected children and foster children.

In May, 1988, Human Services Secretary Philip Johnston appointed a five person panel to "review systemic policy and organizational issues raised as a result of the deaths of two young children in the same foster home within a three month period." The Advisory Panel was asked not to review specific circumstances surrounding the deaths due to the ongoing inquest. The Panel met several times, and made recommendations on issues such as: information-sharing between agencies and public and private agencies; procedures and protocols concerning deaths and serious injuries of children in foster care; the relationship between DSS and OFC and private foster care placement agencies, and the adequacy of existing systems for reviewing and monitoring foster placements. The Panel proposed a range of recommendations to address problem areas. The Subcommittee members support these recommendations.

Since the inception of the Special Subcommittee on Foster Care, and as problem areas came to the forefront, some changes and improvements have been initiated by the Executive Office of Human Services and the Department of Social Services. The Advisory Panel report also reflects these improvements, and the Panel has identified some of the problem areas. Some of the improvements were presented at the public hearing of the Subcommittee on December 6, 1988, and some were presented through correspondence. Some of the changes and improvements were made prior to the establishment of the Special Subcommittee on Foster Care. Some are stated in the form of proposals.

With the exception of the initiatives and inquiries by the members of the Special Subcommittee on Foster Care, and the two reports issued by the Subcommittee, there has been, to date, no public analysis, evaluation, or investigation that has been independent of state systems, nor has there been any impartial review of all events and circumstances surrounding the deaths of the children.

In February of 1987, the Special Commission on Foster Care issued a report to the Executive Office of Human Services. The Commission consisted of four Subcommittees: Services, Coordination, Financial, and Legal and Policy. The Commission issued a comprehensive range of findings and recommendations that are contained in its' report. According to the report, "The Special Commission on Foster Care and its subcommittees have outlined a set of recommendations that will strengthen services delivered to children in foster care. This report...serves as an identification of principles, components, methods, and financial resources which could form the foundation for a strong and coordinated human service system for our most vulnerable children." The Commission report was the first issued on the needs of foster children and the foster care system since

1973, when the Governor's Commission on Adoption and Foster Care issued its report. The findings and recommendations of the Commission focused on the need for a comprehensive family-based plan for every child, in keeping with the philosophy of permanency planning, and a commitment to the language, cultural, and racial concerns of minority children; engaging foster parents as part of the professional team working to secure a permanent home for every child in its care; the provision of sufficient resources to recruit foster homes; raising foster care reimbursement rates to a more reasonable level and other areas to address the financial needs of foster children and foster parents; coordination of services; monitoring of service plans; improvement of health care and support services; improving the court system and mandated training for judges and other court personnel the establishment of minimal training levels for all EOHS agency social workers and technicians, and other recommendations. Many of the recommendations of the Special Commission have been implemented.

Other state reports have addressed a range of needs of children, and the service programs designed to meet these needs. These reports have proposed comprehensive and substantive findings and recommendations: EOHS Task Force on Mental Health Services for Children and Youth, CHINS Commission, the Unmet Legal Needs of Children, and the Special Legislative Commission on Violence Against Children. In May of 1989, the Special Commission issued an extensive report entitled, "Subcommittee on Substantiation, Review, Fair Hearings for Alleged Perpetrators, and Central Registry." The mission of the Special Commission was to review and formulate recommendations relative to the following areas: defining abuse and the investigative process; administrative and fair hearing review of decisions relating to "51A" reports; fair hearings for alleged perpetrators; use of the central registry and confidentiality issues, access to registry; policy analysis and quality assurance, and agency oversight.

The report provides an extensive and substantive framework of review, analysis, findings and recommendations in each of the above areas. References to the report are found throughout relevant sections of the report of the Foster Care Subcommittee.

In March, 1988, the Special Commission on Violence Against Children and the Executive Office of Human Services, issued a previous report, "It's Never Too Soon: A Blueprint for Preventing Child Abuse by Strengthening Massachusetts Families". The report stated a comprehensive outline of recommendations designed to reduce and prevent child maltreatment. The report

requests a review of state and local policies, legislation and resource allocation. The report is divided into three sections dealing with prevention planning and a comprehensive approach; prevention policies and program initiatives; and meeting basic family needs, changing institutional responses to families, supporting parents, and teaching and supporting children.

In October of 1989, the Commission on Children in Need of Services, Chaired by Representative Barbara Hildt and Senator Salvatore Albano, issued a comprehensive report on the needs, service delivery, and judicial and probationary procedures relating to children in need of services. The report, "In Trouble Children and Families in Need of Services", and its accompanying legislative proposal, addresses the complex needs of teens and children who are experiencing problems.

The report gives a profile of children and families in need of services, focusing on altering the thrust of the CHINS process from mainly children, to an emphasis on families.

The report states four main priorities for action in its findings and recommendations: Prevention and Early Intervention, Court Diversion, Public School Reform, and Access to Affordable Services.

The reports discussed in this section, coupled with this report of the Special Subcommittee on Foster Care, collectively provide a comprehensive framework to identify problem areas and propose a substantial recommendations to address and remediate the problem areas, in the foster care system and the child abuse reporting and investigation system.

Events Subsequent to the Inquest Report on the Deaths of Henry Gallop and Arron Johnson.

A chronology of events was presented in Volume I of the report of the Foster Care Subcommittee. On April 4, 1988, an inquest into the deaths of the two children was requested. The inquest report, which was obtained and reviewed by the members of the Subcommittee, states that, "the inquest has one essential purpose which is to determine the circumstances surrounding the deaths of the deceased. It is an investigatory proceeding and is neither accusatory nor adjudicatory." The inquest report was released on April 10, 1989.

The report states that both children died from "organo-phosphate poisoning", but the court was unable to determine whether the deaths were accidental or deliberate. The court stated that some suspicion as to the person responsible for the children's deaths pointed to the adopted daughter of the Hills, but that since so much information had been lost or not obtained, and investigations had been inadequate, no accurate determination could be made.

The inquest report also stated that several aspects of the case raised serious concerns about the foster home, and agencies that approved, licensed, and provided services to the foster home, but that questions on these issues would have to be answered in another forum.

Nearly two years after the deaths of Henry Gallop and Arron Johnson, and 14 months after an inquest into the deaths was instituted, the Suffolk County District Attorney sought charges against a minor teenager in July of 1989. The now 17-year old girl had been adopted by the Hill family and had a history of problem behaviors throughout her stay in the Hill foster home. She reportedly had been severely abused and neglected as a child. The teenager had been in treatment at Gaebler Children's Unit on several occasions, at another Mass. state hospital, and at a residential treatment program in Rhode Island.

The District Attorney applied for a complaint in Roxbury District Court for charges of juvenile delinquency, for murder. The teenager was found guilty, and was returned to the residential treatment program. The members have been gravely concerned about the outcome effect of the trial and findings of the trial on the psychological status of the teenager. The teen was found guilty only in the death of Henry Gallop, and officials have stated there was not enough evidence to seek charges in the death of Arron Johnson. A second teenager came forth and stated that she was a witness, and that Christina Hill had told her she had caused the death of Henry Gallop.

In January of 1991, at a second trial, a jury reversed the judge's original finding of guilty, and stated that the teenager was not guilty of second degree murder. The teenager, Christina Hill, is now 17 years old.

The members have been concerned that, by focusing on the mentally ill teenager, attention will be diverted away from a determination of other persons and state agencies who were responsible for the care and protection of all three children, and for monitoring the foster home and the children living there. Thus far, no attempts have been made by any state system or state agency to identify relevant problems and provide remedial initiatives.

On November 19, 1989, media reports stated that Carmella Banks, the mother of Arron Johnson, has filed a civil suit in Suffolk County Superior Court seeking damages for the loss of her son. The suit has been filed against the state, claiming that negligence by the Department of Social Services caused the death of Arron Johnson. The attorney for the mother stated that the Department was "careless and negligent in failing to properly monitor the foster home situation". The attorney also stated that DSS should have terminated all foster care in the Hill foster home when the first child, Henry Gallop, died, and

that DSS failed to properly investigate the Gallop child's death.

Reportedly, the Executive Office of Human Services and the Department of Social Services did not respond to notices that the negligence claim was being filed. State law requires that state agencies be notified of suits six months before they are filed, to allow time to investigate claims and make offers of settlement.

The members of the Special Subcommittee, while understanding the need to determine responsible persons in the deaths of the two foster children, have continued concerns about the lack of accountability for other parties involved in the care and protection of all three of the children - the two foster children, and the teenage minor charged with their deaths. The members remain constant in their position that all parties at the state, area, and local level, who failed to fulfill their own mandates in protecting and caring for children in their charge, must be held accountable and responsible in their respective roles. In addition, there were other persons involved who also failed to adequately and appropriately respond according to statutory mandate. These persons must also be held accountable. If the minor teenager is the only person held accountable for the problem conditions leading to the deaths of the two children, there will be no framework provided which will correct the systems that failed.

The members of the Subcommittee are concerned about the methods by which this case was handled by the Department of Social Services and other state agencies. The members are requesting that DSS review the manner in which injuries, abuse, deaths of children, neglect, and other forms of maltreatment are viewed in the context of child growth and development and child health and social behaviors. These issues will be further discussed throughout Volume II.

It is a strongly held view by the members of the Special Subcommittee that all three children were victims of a systemic failure to adequately and appropriately respond, and prevent further victimization.

The members have had grave concerns about the inordinate time delays, the inadequacy of investigations, and the lack of accountability and responsibility that are demonstrated by this case. The members have been concerned that unreasonable time delays have prolonged and impeded efforts to remedy the conditions contributing to the deaths of the foster children. The delays and inadequate response by state systems have hindered attempts to protect other children who may be at-risk.

Legislative Proposals Related to Foster Care and Child Abuse

Representative Marie J. Parente and other members of the Foster Care Subcommittee have co-sponsored and filed several bills in the House of Representatives. The legislative proposals were filed as a result of the findings of the Special Subcommittee, and are relevant to various aspects of the foster care and child abuse reporting and investigation systems. A summary and intent statement about each bill follows. Two of the legislative proposals filed by the Subcommittee were signed into law in 1990.

Chapter 474: An Act Relative to the Prevention of Child Abuse- adds other professional categories to the current list of mandated reporters of child maltreatment - OFC licensors, school attendance officers, health practitioners, counselors and therapists, allied mental health professionals, clinical social workers; requires the notification of natural parents if a child has been abused or seriously injured in foster care; requires notification to other foster parents of children in a foster home in which a child has been seriously injured, or had died. Signed into law December, 1990.

Chapter 186: An Act Relative to the Issuance of Certain Licenses- requires boards of registration and departments of certification to send applicants a notice informing them that they are mandated reporters of child abuse; written statements are to be signed by applicants or professionals renewing their licenses or certification, acknowledging their responsibility as mandated reporters of child maltreatment. Signed into law October, 1990.

House 386: An Act Relative to the Placement of Children in Foster Care - would require DSS and all state agencies, placing children in foster care, to provide all foster parents with a Child Profile at the time of placement, or under certain conditions during an emergency placement. The Child Profile would contain educational, health, medical, mental health, and other vital information necessary to the fulfilling of the roles required of foster parents.

House 388: An Act Relative to Investigations of Certain Cases of Child Abuse in the Offices of the District Attorneys- would require dual notification to DSS and District Attorneys in cases of serious physical injury or abuse to children. DSS would have to report such cases within 48 hours to D.A.'s, in a written report. Would further define conditions of serious physical injury or abuse that DSS would have to report to D.A.'s by amending Ch. 119; would convene impartial child protection teams in child fatality cases; would develop uniform protocols for reporting abuse and defining interagency sharing of information and coordination.

House 996: An Act Relative to the Removal of Children from Their Homes and to the Reunification of the Family - would amend Chapter 119, s.29B, by adding a new paragraph requiring the Department of Social Services to develop uniform standards and guidelines to assess specific measures to be taken by DSS to ensure that reasonable efforts were made to maintain the child in his or her home prior to removal for placement in foster care. Such standards and guidelines for specific measures would also apply to efforts made by DSS to reunify the child with his or her family. Information contained in the plan for the determination by DSS of the future status of the child shall be filed with the court prior to the hearing and determination by the court.

House 1027: An Act Relative to the Rights of Defendants in the Massachusetts Constitution in Certain Cases Involving Children - would amend the Mass. Constitution, Article 12, Sections 1 and 2, by striking the words, "to meet the witnesses against him face to face," and substituting therein the following: "to confront the witnesses against him"; would add, at the end of Article 12, Part 1, of the Declaration of Rights, the following: "Every right and guarantee of this article shall be interpreted liberally in any criminal prosecution involving children either as witness or defendant."

House 332: An Act Relative to Establishing a Statutory Code for Crimes Against Children - would recodify all statutory sections of the Mass. General Laws relating to sexual abuse of children into one uniform code, Crimes Against Children. Current laws relating to child sexual abuse are contained in several statutes - this bill would codify all such statutes into one statute. The bill does not alter current penalties for sexual crimes against children. The bill contains cross-references to other statutes referring to child sexual abuse.

House 2116: An Act Relative to Persons Employed as Human Service Workers or other Professionals - would require employers to give a written notification, to be signed, to all employees who are caretakers of children, or professionals working with children who are mandated reporters of child abuse and maltreatment.

An employee of a housing authority or other public authority shall not withhold knowledge or information relating to suspected child maltreatment.

House 2117: An Act Establishing a Task Force in the Executive Office of Human Services Relative to Interagency Coordination and Cooperation - would require the Secretary of the Executive Office of Human Services to establish a working group or task force to study and provide specific recommendations for improving interagency coordination and cooperation to increase

efficiency and effectiveness in assigning the provision of services to children and families; would provide for policies and procedures to ensure efficient and timely service provision.

The Department of Health and Human Services would determine and utilize the premier elements from each system, and would develop uniform care standards.

House 4704: An Act to Improve the Role and Function of Area Advisory Boards in the Department of Social Services - would restructure DSS Area Boards by having appointments made by local area advisory boards, reflecting the geographic and demographic composition of the area; compositions of the area boards are outlined, with the interactive roles between advisory boards and the Commissioner defined; states the powers and duties of area advisory boards and defines citizen participation; requires a plan identifying needs, services and programming, and making budgetary recommendations.

An Act Relative to Limiting the Number of Foster Children Placed in a Home at Any One Time - would limit the number of foster children placed in a foster home to six children at any one time, except to keep siblings together.

An Act to Remove Barriers to Higher Education for Foster Children - would allow foster children who are in the care of the Department of Social Services to attend colleges and universities tuition-free, as long as they are students in good standing; would allow foster children to continue receiving benefits while in college, up to the end of the academic year in which they turn 24 years of age.

The Offices of the District Attorneys have provided comprehensive and invaluable information and assistance to the initiatives of the Special Subcommittee. The following Offices have participated in the recommendations and proposals contained in the Subcommittee's report, and in legislative proposals. The following offices of the District Attorneys have participated in the proposals contained in this legislation, and have provided other information to the Subcommittee:

Kevin Burke, D.A.
Essex County
Judd J. Carhart, D.A.
Hampshire County
John J. Conte, D.A.
Worcester County
Newman Flanagan, D.A.
Suffolk County

L. Scott Harshbarger, A.G.
Past D.A., Middlesex County
William O'Malley, D.A.
Plymouth County
Matthew J. Ryan, D.A.
Hampden County

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The members of the Special Subcommittee are considering further legislative proposals involving interagency responsibility and coordination as it relates to the care and protection of children, notification of foster care placement agencies of the outcome of reports of child abuse and neglect, training and education of social workers, relating to the legal and judicial procedures for foster children, information-sharing between DSS, District Attorneys, and other agencies, foster care licensing and regulatory procedures, court procedures for foster children, pre-screening and screening procedures in child abuse reporting and other issues.

Initiatives and Findings of Members of the Special Subcommittee on Foster Care.

The members of the Special Subcommittee on Foster Care share common concerns in all aspects of the identification of specific problem areas, issues, and the needs of foster children, foster parents, natural parents, and the family unit, and the child abuse reporting and investigation systems. The members share a common purpose in the remediation of, and improvements in, the identified areas of concern. All findings and recommendations are mutually shared proposals for improvements and are taken from resources provided by persons who testified, and communicated with the members. Of concern to the members is that children living in poor low income families, or substance abusing or violent families, or dysfunctional families, or in families who are homeless, or where there is illness and other problems, are experiencing difficulties too often perceived in a negative and critical framework, and are treated in a punitive manner rather than a positive, supportive one.

All too frequently, the suffering is further compounded by combined forces of a complicated protection and servicing system, statutes, regulations, policies and mandates that are at times inadequate or unfulfilled, or that are contradictory in purpose and implementation; interagency agreements that can be conflicting or complementary, if implemented, and other operatives that often serve to further victimize children who are intended to be cared for and protected. Frequently, laws, policies, regulations, mandates - either "on the books" or not - confront one another in combinations that are not in the best interest of the child. There are laws intended to protect children; there is an absence of laws that could also protect children.

There is an inherent contradiction and dichotomy in a systemic process, both state and federal, that calls for permanency planning, that calls for the best interests of the child, that mandates the care and protection of children, yet that does not provide the resources, funding, support services and accountability that adhere to these principles. Without these

principles and the implementation of the underlying foundation to support these principles, the outcome for some children will continue to be long-term suffering of extensive magnitude. The current budget crisis is further undermining these principles.

The members fully recognize that there are social workers, directors, public and private professionals and direct care workers, and many others working with families and children who each day contribute extraordinary efforts and hard work to help these children and their families. The members commend these persons who work in an overburdened system with children and families experiencing very difficult problems and having complex needs.

The technology has been examined by the Special Subcommittee and by others, but a framework and context are needed, to ensure that children are truly served and serviced, and that their well-being and safety are preserved and maintained in the best possible setting and environment. The members of the Subcommittee sincerely hope that, through this report and the findings and recommendations, at least part of this framework has been provided.

The following areas have been mutually determined, through the process of obtaining information described in this report, to be of utmost importance in addressing and remediating problems and areas of concern. Specific categorical findings and recommendations are stated at the end of each section and subsection of the report.

Child Abuse Reporting and Investigation:

1. Investigations of certain child abuse cases should be handled by multi-disciplinary teams, the police, and the Offices of District Attorneys, in a timely and cooperative manner.
2. Education and training of mandated reporters should be expanded and increased. When licenses or certifications are issued to professionals, or when certain employees seek a professional position, they should be informed of their obligation to report abuse and neglect. There should be a public and media awareness campaign.
3. When children are reported as sexually abused to the Department of Social Services, under Ch. 119, s.51A, there should be a physical examination of the child to determine whether sexual abuse has occurred. Determinations of sexual abuse against children should not be made on judgements alone.

4. District Attorneys and police departments should be notified immediately in some cases of child maltreatment.
5. The role of DSS "screeners" in the processing of reports of child maltreatment should be evaluated. Screeners should be trained in legal, clinical, and other aspects vital to competent and effective processing of reports. Screeners should have support services available to aid in the assessment and determination of reports of child abuse.
6. There should be clear definitions, standards, and operational procedures developed for: Chapter 119, s.51A intake, 51A substantiation, and the placing and removing of the names of perpetrators from records in specific cases.
7. There should be built-in protections, and due process afforded to persons accused of child abuse. There should be a review of the initial screening process to build in mechanisms that would prevent "invalid" or "false" accusations of child abuse, or a process that would "pre-screen" such reports. Persons accused of invalid or false reports should not be held accountable in any way. Parents or other caretakers accused of child abuse should be informed of their rights and protections, especially in cases where children are removed from their homes.
8. Definitional issues relating to categories of child abuse should be clarified and defined. Certain categories should be amended by statute to include serious physical abuse as reportable to the District Attorneys through dual notification.
9. Procedures for the investigations of child fatalities due to abuse should be streamlined and should be conducted on an interdisciplinary basis. In certain cases, independent and impartial reviews should be conducted.
10. Programs, services and treatment models are needed for prevention/intervention of child maltreatment, including meeting the basic needs of families; for in-home services to prevent the removal of the child from his/her home; for family reunification when appropriate; and for permanency planning for children in a timely and facilitated manner.
11. There should be a review and evaluation of the child maltreatment statutory provisions, policies and procedures, by an independent interdisciplinary team.

12. Since there are many reports of child maltreatment processed, then unsupported or not screened in, this area should be examined to review policies and procedures that are inefficient, duplicative, and are not cost-effective while ensuring care and protection of children. An "interim provision" to Chapter 119 should be considered, when initial reports can be considered "invalid" or some other such term.
13. There are certain stages in the investigation process by DSS that appear to be duplicative and inefficient, and do not aid in the determination of abuse or neglect, but appear to be cumbersome. There appears to be duplicative procedures, such as in the recent 45 day assessment period. These procedures should be evaluated and streamlined.
14. There should be additional categories of persons added to the groups of mandated reporters of abuse. Consideration should be given in the reporting and investigating processes that certain mandated reporters of abuse are also caretakers- the only group of persons that DSS handles in cases of child maltreatment.

Foster Children and the Foster Care System

1. Foster parents should receive all necessary information on foster children in a timely manner by all agencies responsible for the placement of children. Foster parents should receive, in partnership with all parties involved with children, periodic training and education on current issues and needs of children. Foster parents should be provided with a range of resources, services and support systems.
2. There should be a review of DSS licensing procedures, foster care reviews, service plans, and monitoring and interagency responsibilities for foster children and foster care homes.
3. There should be an expansion of programs and services that are culture- and language-specific, for minority foster children and adults.
4. There is a need for culture- and ethnic-specific programs and cross-cultural sensitivity in the identification of needs and provision of services to foster parents and children in communities of people of color and linguistic variations.
5. There should be an increase in MAPPS training, to include reinforcements of the role of foster parents. Children

and teenagers should be included in MAPPS training, along with social workers and other professionals.

6. There should be training of all parties involved in the foster care process, and public awareness education, about eliminating negative stereotypes of foster children.
7. Foster children should have due process afforded them in all court procedures, including legal representation. Attorneys and foster children should meet prior to court procedures, and discuss the process, current and future options, the status of the child, and other relevant information.
8. There should be an advocacy system developed for foster children that supports them in the determination of, and accessing of, needed services and programs. The advocate would follow the child throughout the system and process. The role of the educational advocate should be expanded.
9. There should be standards and guidelines developed and implemented statutorily and through policy, by DSS, that would define procedures for removal of children from their homes for placement in foster care. Standards should be also implemented for the court case reviews, which take place every 18 months, or can take place more frequently at the request of parents, or judges, at intervals of six months or other timeframes. The standards should define minimally acceptable child welfare conditions, in order to define conditions of removal of children from their homes. A determination of unfitness and inability of parents to provide care and protection of children should be clarified.
10. Foster Care Review procedures should be designed to minimize duplication of efforts and use of resources.
11. Foster parents need a range of services, expanded MAPPS training, and programs such as respite care.
12. The relationship between foster parents and biological parents should be clarified and defined, with clear guidelines for outlining the interaction, communication and mutual responsibilities between foster parents, foster children, and biological parents.
13. There should be regular periodic reviews of paycales, reimbursements, and classifications for foster parents. Adjustments should be made according to cost of living scales, inflation, needs assessments and other factors.

14. The maximum number of children that should be allowed in a foster home at any one time should be six. An exception to this should be only in cases of keeping siblings together in the same foster home.
15. Foster children should receive tuition-free education at state institutions of higher learning, as long as they remain students in good standing.
16. Foster parents should be protected from liability in the same manner as are public employees.
17. There should be expanded programs of training and education for all foster parents. Programs should be on-going, throughout the foster parenting experience. Foster parents need training, support and reinforcement for doing an effective, difficult, caring job.
18. Young people need a comprehensive range of services and programs focusing on experiences of abuse and violence, prevention, how to behave and act in developmental situations, and how to relate to their particular environment, deal with sexual activity, drug and alcohol abuse, AIDS prevention and treatment, self-esteem and self-worth.
19. There should be a service continuum for families and children, with a range of services beginning with prevention and home support, and culminating with adoption, or permanency planning.
20. There should be preventive measures implemented to ensure that children do not get "lost in the courts", or are not "adrift" in the foster care system. Some of these measures should include improved and streamlined court procedures involving all parties, improved monitoring and tracking of foster children through interagency procedures, improved service delivery systems, more frequent reviews--foster care and court, and an efficient, streamlined adoption process. As there are indications that adoption procedures are too long for some abused children, this area should be re-evaluated, while affording all opportunities for recovery and problem resolution for parents.
21. There should be defined categories of "types" (without negative labeling) of specialized foster care needs, and complementary foster homes to accommodate these needs. An array of support systems are needed to meet specialized care requirements. Some specialized homes include those for juvenile sex offenders, children with AIDS, drug-addicted and affected infants, etc. In some

instances, foster children needing specialized care should not be "mixed" in one foster home.

22. The utilization of group homes should be reviewed and examined for over-use and inefficiency: when possible, children and youth should be moved into foster care.
23. When there is abuse in a foster home, steps should be taken to protect other children in the home, and to inform biological parents.
24. Foster parents should have a professionalized "bill of rights" relating to their social services, judicial, and other rights as foster parents, and should be informed of these rights.
25. Communities of people of color should be evaluated by persons, groups, and organizations within the community, with citizen participation, to determine the range of needs, and the array of services required to meet needs.
26. An array of services is needed that focus on ethnic, cultural, and linguistic variations.
27. There should be a pre-introductory period and orientation between foster children and foster parents, before placement, or court procedures.
28. There should be a comprehensive review of federal reimbursement programs such as Titles IVB and IVE, in order to maximize federal reimbursements, and extend vitally needed programs and services to foster children and foster parents. Review of compliance areas is a priority.
29. Biological parents should be encouraged to receive counseling, in-home, and other support services, before children are removed and placed in foster care. Basic needs assessments should be included in the family service plan.
30. Foster care review, case review, and other evaluative procedures should be evaluated and improved, to ensure that all parties are aware of their participatory rights, and to ensure maximized utilization of the review process for the best interest of the child.

Services, Programs, and Interagency Coordination

1. The role of DSS social workers and social workers in private placement agencies, in the care and protection, and servicing of children, should be defined. Social

workers should receive more training and education, especially at the undergraduate level. Social workers should have more support systems available to them, and should receive periodic training on current family and children's needs and issues.

2. DSS should be more decentralized, with more autonomy and decision-making allowed at the area and local levels.
3. There should be training and education for social workers to sensitize them to the needs of communities of people of color, and the foster parents who provide homes in them.
4. Components from each state servicing system should be utilized in a unified way to improve services to children. Agencies should be unified and coordinated in monitoring, supervising, and in the provision of services to foster children and foster families.
5. State servicing systems and policies should improve adherence to regulations, statutes, mandates, and policies, and develop ones to reflect current issues and needs.
6. There should be educational incentives for social workers.
7. Statutory and regulatory provisions should be enacted and implemented that would clarify direct lines of responsibility, channels of communication, information-sharing, supervision and monitoring, approval of foster homes, and the provision of services and resources to foster parents, biological parents, and foster children.
8. Direct lines of supervision, monitoring, and authority to license and approve, must be clarified and defined, in order to facilitate and streamline the process, to provide for expeditious approval of foster homes, and improve the placement and supervision of children in them.
9. DSS' Partnership Agencies (PAS) should receive uniform, periodic, standardized training in policies, procedures, servicing, and casework practice.
10. PAS agencies, or private service providers contracted with public funds, should adhere to all publicly promulgated regulations, and there should be oversight of this adherence.
11. PAS agencies and DSS agencies, involved in the Purchase of Services system, should work in coordination in the mutual achievement of goals to support and service foster children and foster parents, through efficient.

cost-effective and streamlined service delivery. The cost-effectiveness and client outcome components, along with appropriateness and effectiveness of individualized service delivery of the PAS (or FTE model process), should be periodically reviewed and evaluated.

12. There should be specific designations in the licensing process for exactly who performs services such as case management, ongoing training, service provision, and other aspects of caring for foster children and supporting foster parents.
13. As case management is an expensive service component, cost-saving reviews should be conducted in this area, to determine the value, efficiency, and effectiveness of having this as a separate, and often-contracted, component needed for continuity of care, or whether to have it as an integral component of a coordinated, interagency, or shared, service delivery system.
14. There should be a schedule of periodic reviews and evaluations of the state's Purchase of Services (POS) system, as they relate to foster children and services to abused children and families. These reviews should involve cost-effectiveness, service delivery, direct service and the apportionment of services directly to foster children and foster parents, monitoring adherence to statutes, regulations, policies, interagency agreements and coordination of care, efficiency and effectiveness of services, client outcomes and benefits, and other vital components.
15. One stated goal of the POS system is to implement and improve community-based service delivery. This goal should be evaluated, and measures implemented to achieve this goal. Another goal is re-allocation of monies, which must also be carefully monitored and evaluated. As recent studies indicate that only 20-30 cents of each service delivery dollar goes directly to the client, or child or family in need, the applicability of these studies to the state's POS system should be studied and evaluated.
16. While community-based service delivery through private contracted providers may be a positive method or approach to meeting community and state needs, problem areas must be identified. Reviews by the Subcommittee of specific areas of the POS system indicates over-payments in the FTE model (buying cases in units), excessive salary increases of executive/manager personnel, excessive expenditures for consultants, and other potential waste of valuable state resources.

There are inherent problems in the private provider system that must be reviewed and evaluated, especially in the context of current fiscal problems. As these provider agencies are considered to be non-profit, yet many have considerable properties and assets, this area must be examined and reviewed for effectiveness and efficiency. Non-profit status must be reviewed and defined.

17. While there are many private service agencies that provide positive, effective services and support to children and families in need, and are cost-effective and efficient, there are problem areas identified that must be addressed and remedied. Duplication of effort and administrative responsibilities create a dilution of services to children and families. This area must be examined.
18. As the FTE method of purchasing units of cases in a ratio of 1:18 cases, purchased as 1 unit for \$65,000, creates a system whereby the state purchases clusters of cases, without proper emphasis on quality of care, adequate service provision, and cost-effective programming, this area must be evaluated and corrective measures put in place. The overpayments to agencies for actual cases they do not service must cease, and this area examined for restructuring.
19. Interagency agreements should be incorporated into PAS contracts, POS plans, and all regulations, policies, and case practices. Agreements should focus on responsibilities, information-sharing, interactive roles and routes of communication.
20. As the POS system of service delivery is contained in several areas and line items of the state's budgetary proposals, and is not publically or legislatively debated or reviewed, there is a need for a streamlined, open, integrated budget process that reflects which contracts are purchased for which agency and for what population.
21. There is a need for the development of policies and systemic changes to reduce and eliminate interagency "turf" battles, and the shirking and shifting of the responsibility for children's needs and services. Fee assessment and fee-sharing should be determined on a basis that is free from bias when addressing the best interests of the child.
22. There should be a feasibility study relative to the placement of grievance procedures under the auspices

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of Area Boards of DSS. There should be participation by advisory boards, with citizen input and participation. Boards' authorities and decision-making should be strengthened in areas of service needs, service provision, and budget proposals.

23. There should be a review of social worker caseloads, and a determination of standards for the caseloads, and regulations governing adherence to the standards.
24. Recent information received by the Special Subcommittee members indicates that service providers contracted with public funds are establishing policies that are directed towards a refusal to service difficult or long-term cases. The information states that some private providers are scrutinizing the kinds of cases they will accept into the FTE caseload. This area must be immediately reviewed for contractual agreements, service delivery, cost and client outcome implications.

A recent study in the New England Journal of Medicine (Vol. 323, No. 23, Dec.'90), indicates that children appearing in the Boston Juvenile Court spend years waiting for a final judgment. The study of 206 cases following in court, states that children are first reported before the age of 2; are brought to court by the age of 4, and then spend years in 1, 2, or more foster homes waiting for a final court judgment. There is a lack of adequate and appropriate resources and social workers are often inadequately trained. There was no indication of follow-up to determine which children benefited from which type of service or treatment plan. Parents who complied with court orders often had their children returned; those who did not comply, did not have their children returned. Physicians who report children to state social service agencies are excluded from the treatment plan.

Budgetary Issues:

Funding for foster care is 27% less than it was last year. DSS projects a \$10 million deficiency in foster care funds, due to an increase in the foster care caseload - an increase of 19%, from 9,149 to 10,851 in FY91. Some FTE's have been cut, as well as other expenditures such as PACT funds for extraordinary expenses. A budget breakdown for the FY91 and FY92 budgets are contained in an insert.

While some recommendations require funding, or funding expansions, the members believe that other recommendations, and the utilization of cost-effective, cost-sharing, preventive, and efficiency measures will compensate for the funding required, while preserving funds for those in need.

Summarized findings and recommendations from Volumes I and II are contained in an insert in this report.

Throughout this report, the members of the Special Subcommittee has consistently recommended and promoted the advancement of the rights of foster children, foster parents and biological parents. The members have recommended that children should have rights as child-citizens, and as foster children, and that a "Bill of Rights for Children" should be developed and adopted. A major premise of these rights is that children have a right to be free from harm, maltreatment and abusive conditions.

On April 18, 1991, a Federal judge, Thomas F. Hogan, in a decision in the District of Columbia that could affect foster children nationwide, stated:

CHILDREN PLACED IN A LOCAL GOVERNMENT'S FOSTER CARE PROGRAMS HAVE A CONSTITUTIONAL AS WELL AS A STATUTORY RIGHT TO BE WELL CARED FOR AND KEPT FREE FROM HARM.

Citing the constitutional right to due process, the judge ruled that children in foster care programs are entitled to be free from harm, basing his ruling on a 1982 decision that persons in mental institutions have a constitutional right to be well cared for.

The decision was based on a suit brought by the American Civil Liberties Union, and cited thousands of children in foster care who are "drifting" in the system, creating tragic situations for these children. Other states are adopting similar decisions, and some are placing foster children under the jurisdiction of court-appointed panels for monitoring and supervision, and to promote permanency planning.

The Special Subcommittee on Foster Care supports this decision and the principles inherent in its premises.

Section I: PROFILE OF CHILDREN IN FOSTER CARE

Statistical Data:

The overall increase in the numbers of children residing in foster care is reflected in Massachusetts and at the national level. The American Public Welfare Association states the nationwide increases as follows:

1984	-	272,000	1986	-	276,000
1985	-	270,000	1988	-	453,000

The above figures represent an increase of 181,000 children, or 33.5%, in foster care between 1984 and 1988.

In 1971, Dr. Alan Gruber stated in his report, "Children in Foster Care",* that there were 5,933 children in foster care in Massachusetts. By 1974, the number of children in foster care had increased by one-third; by 1981, the number had again increased by 30%, from 5,933 to 7,719. In 1986, foster care placements decreased to 6,001, close to the same level as in 1971. According to information received by the Special Subcommittee from the Department of Social Services, in 1988 there were 6,706 children in foster care, ages 0-18 years.

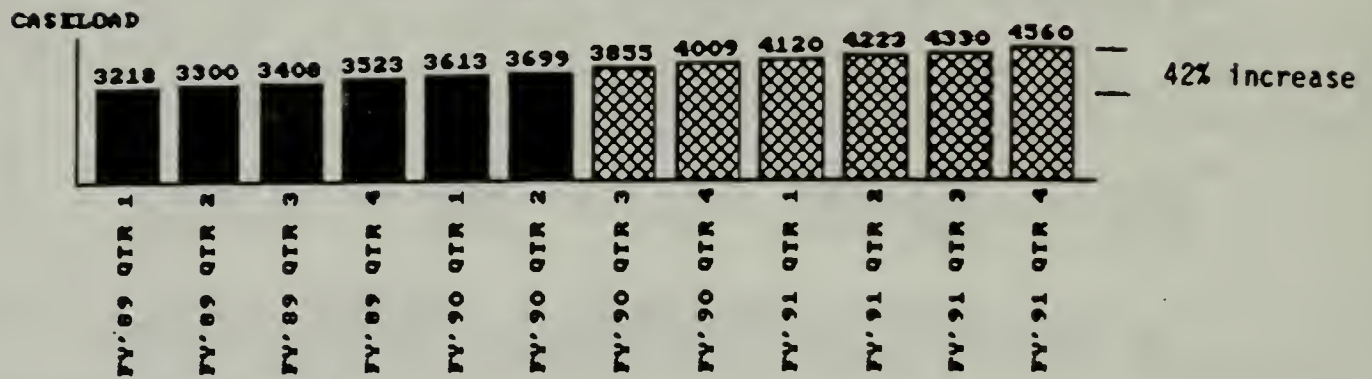
By December of 1989, due to increased in violence and substance abuse in families and households, 13,399 children could not live in their own homes and had to be placed in substitute care - foster care and group homes. Between the first quarter of FY89, when there were 11,666 children in out-of-home placements, and the projections of 16,059 by the end of FY91, there will be an increase of 4,393 children living in substitute care. The chart on the following page indicates the numbers and percentages of increases in permanency subsidies, foster care placements, and group care placements, for fiscal years 1989, 1990, and 1991.

From October, 1988 to March, 1989, the foster care case-load increased by 10%, and in October, 1989, there were 1,500 more children in foster care than during the same period in 1988.

By December, 1989, there were 8,455 children in foster care, a 20% increase over the previous 18 months. There was also an additional 1,552 children in community residences. The Department of Social Services projects that by the end of June, 1990, there will be over 8,600 children needing foster care, and by the end of FY91, there will be approximately 10,850 children living in foster care.

According to DSS, more children are being placed in foster homes in highly populated areas of the state, where drug and alcohol abuse are more prevalent. The Department reported that

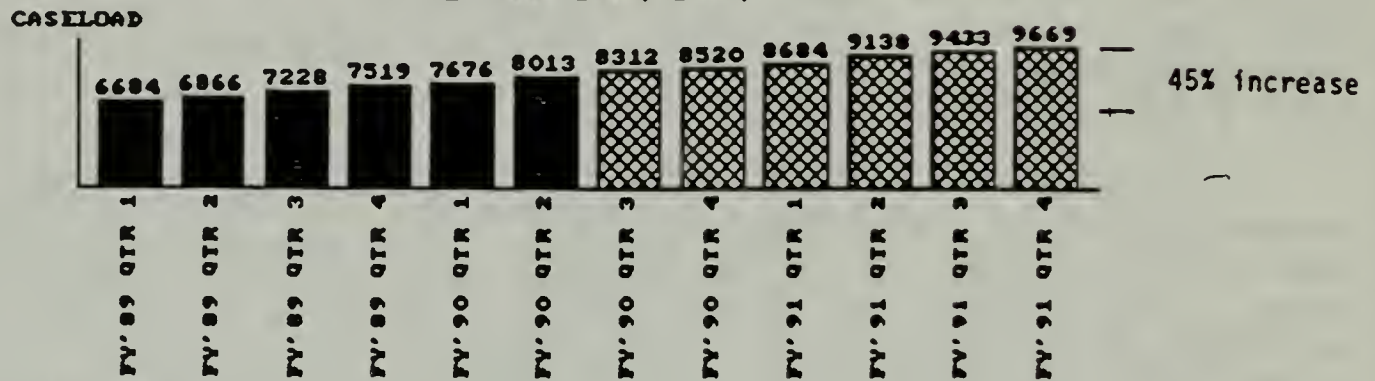
DEPARTMENT OF SOCIAL SERVICES
PERMANENCY SUBSIDIES
FISCAL YEARS 1989, 1990, & 1991



Actual FTE's through Dec 1989

Estimated FTE's 3rd Qtr FY'90 thru FY'91

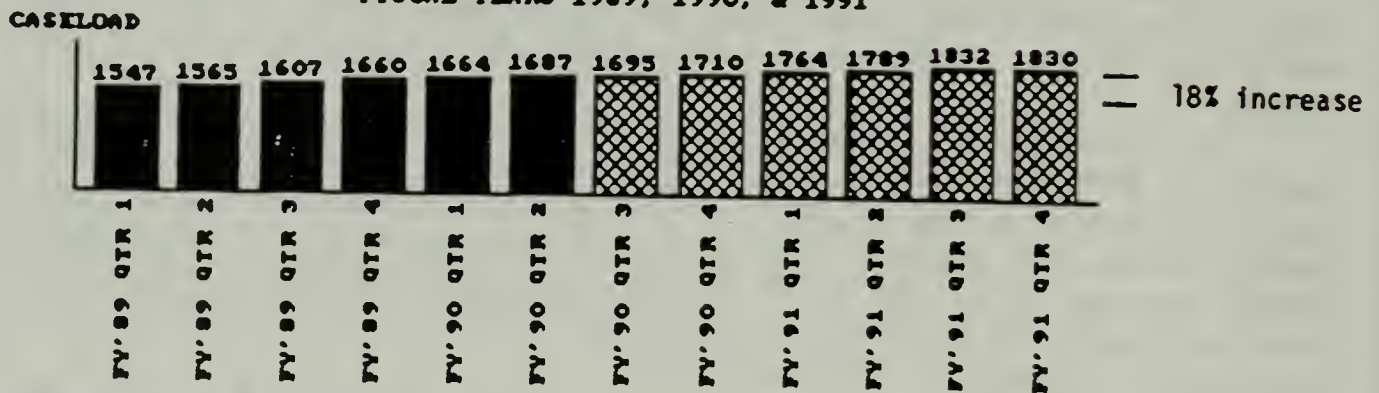
DEPARTMENT OF SOCIAL SERVICES
FOSTER CARE PLACEMENTS
FISCAL YEARS 1989, 1990, & 1991



Actual FTE's through Dec 1989

Estimated FTE's 3rd Qtr FY'90 thru FY'91

DEPARTMENT OF SOCIAL SERVICES
GROUP CARE PLACEMENTS
FISCAL YEARS 1989, 1990, & 1991



Actual FTE's through Dec 1989

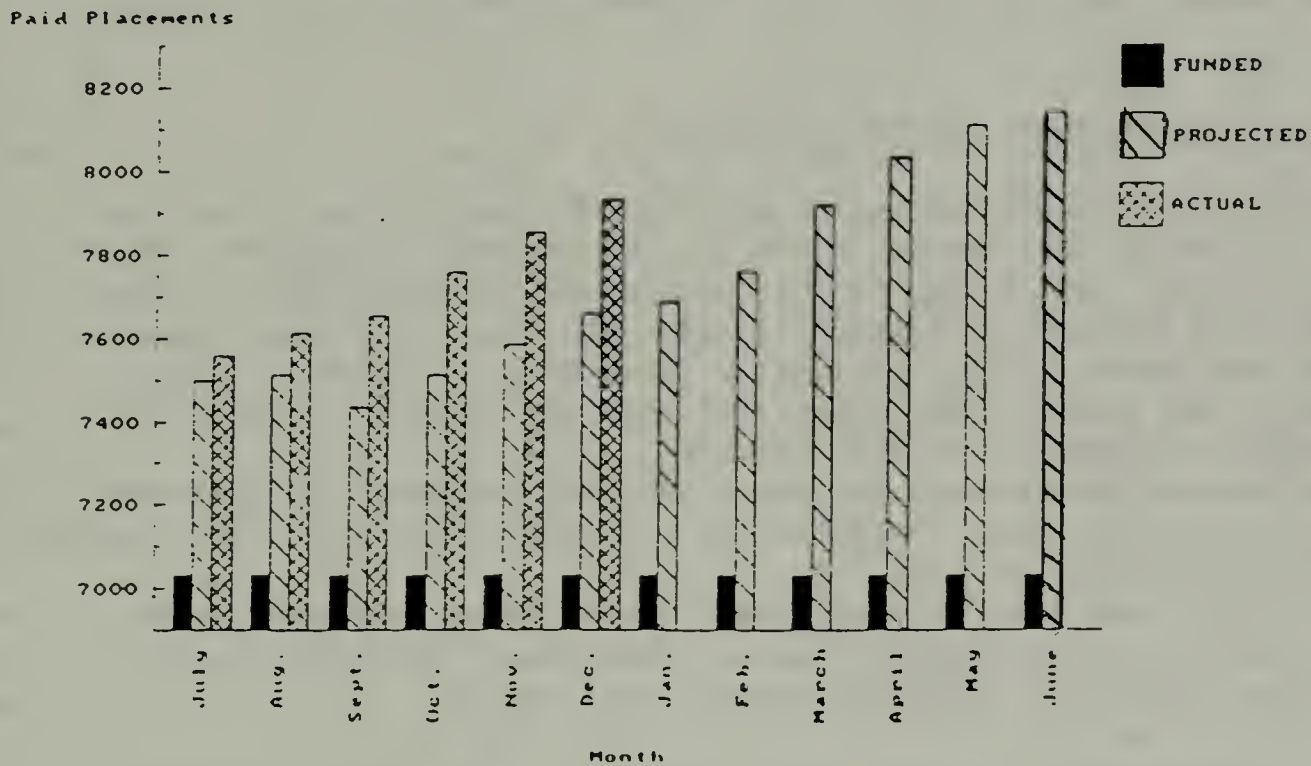
Estimated FTE's 3rd Qtr FY'90 thru FY'91

Section 1: Children in Foster Care

1,047 children, many of them young children, entered the foster care system in 1988, and 1,394 are expected to enter in 1990. At least 25 children a week are removed from their homes in Boston alone, with Lowell and Brockton among those areas most acutely in need of foster homes.

The following chart from DSS indicates the caseload status of children in foster care for FY1990, and the number of paid placements.

DEPARTMENT OF SOCIAL SERVICES
CASELOAD STATUS
FOSTER CARE - FY 1990



Source: Department of Social Services, 3/90.

These figures portend a further extensive increase in the numbers of children who will require foster care. The serious need for more foster homes will be further impacted by the changing nature, complexity, and severity of the factors contributing to the removal of children from their homes and their subsequent placement in foster care. The foster care system is currently in a state of flux, and more specialized foster homes are, and will be, critically needed to accommodate

* Report of the Governor's Commission on Adoption and Foster Care, 1973.

Section 1: Children in Foster Care

the increasing numbers of children being placed due to drug and alcohol abuse, drug trafficking, poly-drug use, AIDS, ARC, and HIV seropositivity, existing either in the parents, children, or both, family violence, and other serious contributory problems. The increasing demand for foster homes of all types is burgeoning far beyond the actual current availability of foster homes, especially specialized care.

In addition, the Departments of Mental Health and Social Services are being requested to provide services to more children with mental health problems, and more younger children needing psychiatric care. Other factors such as increased homelessness, poverty, and health afflictions in families will further exacerbate the crucial need for foster homes and foster parents that will be equipped to provide support and specialized care for children with these profound and complex needs.

Age and Sex of Children in Foster Care

According to the Department of Social Services, the average age of a child in foster care is 10 years, 1 month. The average age factor has held fairly constant since 1971, when, according to the Gruber report, it was 10 years of age. However, there has been a 73% increase from June, 1987 to June, 1989, in children under two years of age in care. In Boston, there has been a 109% increase to 311.

Of all foster children in care in Massachusetts, 51% are ages 13-18 years; 28% are 7-12 years of age; 21% are less than a year old to 6 years of age.

In 1971, 53% of foster children were male and 47% were female. In 1988, these figures were reversed, with 48% male foster children and 52% female foster children.

The following chart from DSS indicates the age distribution of children in foster care, from 1986 to June, 1989, with the percentages of increases for each year for each age group. As stated, there have been significant increases for each age group, with the exception of youth 12 years and older. There was a slight decline in foster placements in this age group.

Age Distribution of Children in Foster Care 1986 - 1989

	0 - 2	> 2 - 5	> 5 - 12	> 12 +	Total
6/86	503	987	1961	3210	6661
6/87	517 +3%	1066 +8%	2078 +6%	3052 -5%	6713
6/88	688 +33%	1229 +15%	2292 +10%	2851 -7%	7060
6/89	893 +30%	1447 +18%	2727 +19%	2810 -1%	7877
12/89	n/a	n/a	n/a	n/a	8455

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According to information received by DSS, in January of 1990, there were 10,182 children under 18 years in substitute care in Massachusetts - 8,205 in foster homes, and 1,320 in community residences, or group care. The following chart indicates the numbers of children in substitute care, by age, and either placement with relatives, or placement in homes of persons who are unrelated.

AGE	Foster Homes	
FREQUENCY COL PCT	PLACE W/ RELATIVE	FOSTER H/ OME(UNREL)
LESS THAN 1 YR	83 4.31	343 5.46
1 YEAR OLD	157 8.16	455 7.24
2 YEAR OLD	174 9.04	454 7.23
3 YEAR OLD	170 8.84	390 6.21
4 YEAR OLD	152 7.90	376 5.99
5 YEAR OLD	137 7.12	342 5.44
6 YEAR OLD	128 6.65	348 5.54
7 YEAR OLD	130 6.76	325 5.17
8 YEAR OLD	99 5.15	330 5.25

AGE	Foster Homes	
FREQUENCY COL PCT	PLACE W/ RELATIVE	FOSTER H/ OME(UNREL)
9 YEAR OLD	118 6.13	302 4.81
10 YEAR OLD	87 4.52	262 4.17
11 YEAR OLD	76 3.95	264 4.20
12 YEAR OLD	68 3.53	265 4.22
13 YEAR OLD	62 3.22	281 4.47
14 YEAR OLD	73 3.79	328 5.22
15 YEAR OLD	87 4.52	412 6.56
16 YEAR OLD	64 3.33	454 7.23
17 YEAR OLD	59 3.07	350 5.57
TOTAL	1924	6281

Source: Department of Social Services, 1/90.

Ethnicity of Children in Foster Care

According to the Department of Social Services:

It is noteworthy that the minority groups in the Commonwealth are not homogeneous. DSS serves several different ethnic, racial, and linguistic groups which constitute 36% of the DSS consumer population. The groups include Indo-Chinese, Chinese, Native Americans, Blacks, Hispanics, Portuguese and Cape Verdeans. There

Section I: Children in Foster Care

are major language and cultural differences among these groups. They also share some common concerns and issues regarding the foster care system.

The Department further states, "Ethnically and racially, the placement population reflects the DSS caseload."

The Gruber report states that in 1971, the breakdown of children in foster care by ethnic identity was as follows:

77% of the children were white
18% were black
2% were Hispanic
3% were of other ethnic origins

Today, the ethnic breakdown of children in foster care is:

59% of the children are white
23% are black
12% are Hispanic
6% are of other ethnic origins

These figures indicate a decline in the percent of white children of 18%, an increase of black children by 5%, an increase of Hispanic children by 10%, and an increase of 3% for children of other ethnic origins.

In Massachusetts, the number of black children under 2 in foster care rose 61% between June, 1988 and June, 1989. The number of non-Hispanic white children under 2 rose 14%, and the number of Hispanics increased 17%.

The following chart from DSS indicates the breakdown of foster children, by type of placement and by ethnic origin.

Frequency Percent	UNSPECIFIED	BLACK	WHITE	PUERTO RICAN	CUBAN	MEXICAN	OTHER HISPANIC	ASIAN/PACIFIC I.
Place with Relative	58 3.01	712 37.01	840 43.66	195 10.14	3 0.16	2 0.10	26 1.35	1 0.05
Foster Home	135 2.15	1402 22.32	3628 57.76	627 9.98	1 0.02	5 0.08	121 1.93	20 0.32
Frequency Percent	NATIVE AMERICAN	PORTUGUESE	CAPE VERDEAN	VIETNAMESE	CAMBODIAN	LAOTIAN	OTHER	TOTAL
Place with Relative	1 0.05	11 0.57	22 1.14	4 0.21	4 0.21	1 0.05	44 2.29	1924 +
Foster Home	13 0.21	60 0.96	42 0.67	49 0.78	20 0.32	2 0.03	156 2.48	6281

Source: Department of Social Services, 1/90.

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Type and Length of Placement of Children in Foster Care

In 1971, 38% of children in substitute care were placed through court orders; today 64% of children in foster care are placed through court orders. In 1988, 36% of children placed in foster care were placed through voluntary agreements. A further discussion of the types of placements of foster children is contained in the section of this report on the Foster Care System.

In July of 1988, 1,391 foster children were placed with relatives; 5,164 were placed in non-relative foster care homes. There are many foster homes that are "child-specific" foster homes, that is, homes that children or teenagers have found on their own, and in which the children or teens have remained as foster children. This issue is further discussed in the section on the Foster Care System. Placements with relatives for children under two years of age increased 685 from September of 1988 to September, 1989.

The following chart from DSS gives the numbers and percentages of children in foster care and all of substitute care, by type of placement.

RUN-DATE: JAN. 16, 1990 (ASSIST EXTRACT TAPES)
CHILDREN (<18 YRS) IN PLACEMENT IN STATE

(SUBSTITUTE CARE) CURRENT PLACEMENT LOCATION

	PLACENOW	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
Foster Care	PLACE W/RELATIVE	1924	18.9	1924	18.9
	FOSTER HOME (UNRELATED)	6281	61.7	8205	50.6
	ADOPTIVE HOME	237	2.3	8442	52.9
	INDEPEND LIVING	51	0.5	8493	53.4
	COMMUNITY RESID (GROUP)	1320	13.0	9813	56.4
	EMERGEN SHELTER	87	0.9	9900	57.2
	INSTITUTION	85	0.8	9985	58.1
	CHILD ON RUN	197	1.9	10182	100.0

Source: Department of Social Services, 1/90.

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According to the Gruber Report, in 1971, the average length of stay in foster care was 7.6 years; in 1988, the average stay was 2.5 years.

In 1971, 68% of foster children had been in care more than four years; in 1988, only 20% had been in care for this long a period of time. According to DSS, "for many of these children, mostly adolescents, long-term foster care is the intended plan."

In 1971, 40% of foster children remained in care more than five years; in 1988, 7% remained in care for the same period of time.

According to the Department, children in DSS foster homes have been in placement an average of two years, two months, and 60% have been in placement less than eighteen months. "How long a child is likely to have been in placement varies with age. For all ages together, 47% have been in care for less than one year, 22% from one to two years, and 31% for more than two years."

The following chart provided to the Special Subcommittee by DSS gives the length of time in placement for foster children ages 0-18 years of age.

AGE AND LENGTH OF TIME IN PLACEMENT *
CHILDREN IN FOSTER CARE, JUNE, 1988

AGE	0-6 mos.	6-12 mos.	12-18 mos.	18-24 mos.	2+years	totals
0-5 years	37%	22%	15%	10%	16%	1,925
5-12 years	23	15	13	11	38	2,273
12-18 years	30	15	11	7	37	2,357
All	30	17	13	9	31	6,555

* Time in placement = continuous time in substitute care, uninterrupted by a period of time out of placement of more than 30 days.

Figures from DSS state that 72% of the children in placement have remained in their original foster home; another 14% have changed foster homes only once; only 8% have had more than

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two foster home changes, in 1986. "Black, Latino, and other minority group children are most likely to be in care either for less than one year or more than two years; white children are almost equally likely to be in care for an intermediate time as well as for short or long periods."

The following chart gives the percentage of children in foster homes by the number of placements:

CHILDREN IN FOSTER CARE JULY, 1988

NUMBER OF PLACEMENTS

ONE	84%
TWO	13%
THREE	2%
FOUR OR MORE	1%

Source: Department of Social Services.

Children who were in foster care in 1988 remained stable in their placements, that is, 97% of the children have been in two or less foster homes. Approximately 84% of the children are in their first foster home.

Children Returning Home

In 1971, 83% of children had never been returned home, even for a trial period; today, 36% of the children are returned home to their parents each year. The Department of Social Services states that in FY88, 3,600 children, or 25%, returned home from substitute care; 63% of all children in foster care returned home; 518 children were adopted and 210 children were placed in guardianships. In FY88, the median length of time a child spent in foster care was 14.8 months. Children finding new permanent homes numbered 728, an increase of 57% over FY87.

The following chart provides a summary analysis of the comparative data on children in foster care in 1971 and 1988, and was provided by DSS to the Special Subcommittee.

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	GRUBER-1971	ASSIST-1988
NUMBER OF CHILDREN (0-18 years of age)	5,933	6,555
AVERAGE AGE	10 years	10 yrs.1 month
ETHNICITY	white 77% black 18% hispanic 2% other 3%	59% 23% 12% 6%
SEX	male 53% female 47%	48% 52%
AVERAGE LENGTH OF PLACEMENT IN FOSTER CARE	7.6 years	2.5 years
IN FOSTER CARE MORE THAN FIVE YEARS	40%	7%
RETURNED TO THEIR PARENTS FROM FOSTER CARE	17%	25%
COURT ORDERED PLACEMENTS	38%	64%
FOSTER CHILD WITHOUT SOCIAL WORKER	70%	0%

Causes of Deaths to Children in Foster Care

The Department of Social Services has provided the following information to the Special Subcommittee on the causes of deaths of children who died in foster care from 1985 to 1988.

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	1985	1986	1987	1988 (7mos.)	Total
Medical Reasons	7	4	7	4	22
Accidents	0	1	1	3	5
Suicide	0	0	0	0	0
Homocide	0	1	0	0	1
Abuse/Neglect	0	0	0	0	0
Unknown	0	0	2	0	2
Total	7	6	10	7	30

1985

1. Cardiopulmonary failure- severely disabled child, not expected to live.
2. Perforated bowel; severely disabled child.
3. Pneumonia; severely handicapped child
4. Congestive heart failure; Downs Syndrome Child
5. S.I.D.S.
6. S.I.D.S.
7. Hypoxic Encephalopathy

1987

1. Cerebral aneurysm
2. Respiratory arrest
3. Cancer
4. S.I.D.S.
5. Severely handicapped child- cardiac arrest
6. S.I.D.S.
7. Accident
8. Born with fatal illness- genetic disorder
9. unknown-inquest
unknown-inquest

1986

1. Aneurysm
2. Child born prematurely and very ill
3. Died while on the run
4. Born with genetic disorders
5. Cancer
6. Accident

1988

1. S.I.D.S.
2. A.I.D.S.
3. Accident
4. Accident
5. S.I.D.S.
6. Multiple handicapped- not expected to live
7. Accident

Source: Department of Social Services.

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The information provided by DSS to the Special Subcommittee in the chart on the previous page indicates that the causes of death for two children in 1987 is "unknown-inquest". This information was provided before the results of the inquest on Henry Gallop and Arron Johnson had been completed, and prior to the release of the analysis, findings, and recommendations of the Special Subcommittee were presented in Volume I of this report. These findings and recommendations are reviewed in the introductory section of this volume of the report.

Children in Foster Care with Handicaps

According to DSS, in the beginning of 1990, of the 8,205 children in foster care, 2,343 were identified as having handicaps. These handicaps include:

Vision Impaired	Learning Disability
Hearing Impaired	Emotional/Psychological
Speech/Language Impairment	Dysfunction
Orthopedic Impairment	Alcohol/Drug Dependency
Developmental Disability	Other serious impairments and incomplete diagnosis

Children Abused in Foster Care

According to the Department of Social Services, in 1988 there were 373 reports of abuse of children in foster care. After the screening process was completed, 34 of the 373 reports were supported as valid enough to be further processed through the Department's investigatory procedures. The abuse of children in foster care will be further discussed in the section of this report on Child Physical and Sexual Abuse and Neglect.

Profile of Children in Foster Care

The following profile of a "typical" child in foster care was provided to the Special Subcommittee by DSS:

If we could choose a child at random from the children in foster care in Massachusetts, that child would most likely be a girl, who has an equal chance of being four or fourteen years old, but is much less likely to be between those ages. She would probably be white and would be unlikely to come from a two-parent family. Her mother was younger than average

Section 1: Children in Foster Care

when she was born, probably under twenty-five, and with a good chance of being under twenty, and is unlikely to be married. The child is probably in the custody of the Department and has been in foster care less than one and one-half years, but her case is likely to have been open for more than two years. It is highly unlikely she has moved from her original foster home unless it is to return home. An abuse and neglect history prior to placement is probable, and the alleged perpetrator was most likely a parent.

While this profile may give a brief sketch of a typical child in foster care, there is a wide range of variations and deviations from this normative profile.

Many children enter foster care out of dire needs due to conditions of homelessness, single parenthood, poverty, illness, un- and under-employment, and other factors contributing to families needing to, or being required to, place their children in the care of the state. The members of the Special Subcommittee recognize that there are frequently unfortunate circumstances in families such as death, illness, and other conditions that warrant the placement of their children in foster care. Many children in foster care are there because family members could not care for them for a number of reasons unrelated to abusive conditions.

Many children are coming from homes in which there is family violence, drug and alcohol abuse, crime, AIDS, and other serious problems, including death and abandonment. Children in foster care are increasingly coming from unstable and dysfunctional family situations.

The numbers of children coming from these conditions are increasing at an alarming rate, and are contributing to overwhelming state systems and those whose mandate it is to provide services to meet these complex needs.

Information received from foster parents who testified at public hearings before the members of the Special Subcommittee, or who provided information to the members, indicates that foster parents are increasingly having children placed with them who have been abused, sexually abused, and/or neglected, are suicidal, pregnant, abusive of drugs and alcohol, coming from drug-abusing and violent homes, have parents who are, or they themselves are, seriously ill with AIDS and related diseases, are seriously ill, disabled, mentally retarded, are experiencing mental health illnesses, educational difficulties, and a host of other problems.

Section I: Children in Foster Care

Factors Contributing to Placement of Children in Foster Care
Child Abuse and Neglect:

Incidences of child abuse are increasing at alarming rates, and, if trends established for last year continue, projections are that there will be over 100,000 by 1991. In 1990, there were 82,831 reported cases of child abuse, a 17% increase over 1989, and the third consecutive year of increased reports. In 1989, there were 70,713 children reported abused and neglected - a 15% increase over 1988. These figures portend an increase of over 29,000 reports by the end of 1991.

The Department of Social Services states that reports for the first half of 1989 increased 14% over the same period in 1988. The half-year total for 1988 was 30,990; for 1989, it was 35,259, an increase of 4,269.

The Department is receiving an average of 3,400 reports a month - a 30% increase since the beginning of 1989. DSS proceeds with an investigation on about 1400 cases of child abuse a month, after reports are screened by social workers.

According to DSS, the escalation in reported cases was severe in May and June of 1989, and is continuing to date. In June of 1989, there were 6,554 reports of abuse, an increase of 35% over June of 1988. Equally, or perhaps more, disturbing, is the increase in the number of actual substantiated, or supported, cases of abuse and neglect of all types. There was evidence of abuse in 2,290 cases in June, 1989, as compared with evidence in 1,702 cases in June of 1988.

The increased reports have placed excessive demands on the full DSS caseload and need for an array of services, including foster care homes and support services.

In 1989, there were 22,532 substantiated cases of maltreatment of children - a 19% increase over 1988 figures of 18,957. Studies indicate that 90% of abusive acts against children take place in the child's own home; about 2.5% occur in public places or outside the home.

Reports of sexual abuse of children have increased 85% over the past five years. Children who are victims of sexual abuse are often in need of foster care services.

The statistics on reports of child abuse include physical and sexual abuse, and neglect. A thorough review of this area is contained in the section on Child Physical and Sexual Abuse and Neglect.

In the past, the leading types of abuse involved neglect and the lack of supervision and care for children. Increasingly, abuse cases are involving the use of violence and drugs, often in combinations that result in devastating consequences for children. Children from these homes, and their families, need complex and extensive services and programs.

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Over the past two years, there has been a dramatic increase in the number of children coming into care due to the escalating use of cocaine and drugs by adults with children. Due to their addictions, parents are unable to provide safe and nurturing homes, and children must be removed and placed in foster care.

Substance Abuse and Child Maltreatment

There are many factors contributing to the abuse and neglect of children. However, drug and alcohol abuse are now the leading causes of family disruption, child abuse, and family violence, according to national studies, a state-by-state review, and, locally, according to the Department of Social Services and the Massachusetts Society for the Prevention of Cruelty to Children. Whether the substance abuse, in some instances, accompanies or precedes violence, or whether these factorial contributors are reversed, is a controversial subject. However, when they are combined as they are in many cases, together these factors cause severe negative impacts on the lives of many children. While not all substance-abusing members in a household are, or become, violent towards children or other household or family members, all too often these forces combine to create severe abusive conditions for children.

Substance abuse contributes to the abusive conditions in at least 59% of cases of child maltreatment currently seen in Massachusetts. According to MSPCC, 85% of the cases referred to their agency by DSS involve substance abuse. The Society links the use of drugs to the increase in abuse reports. Recent studies indicate that the continuing trend in the dynamic relationship between drug abuse, family violence, and child abuse is apparent, and will lead to increased reports and actual cases of child maltreatment.

A recent DSS study revealed substance abuse as a concurrent factor in 64% of all supported investigations of physical abuse, neglect, and emotional maltreatment in Boston. State-wide the percentage was 59%.

The Department of Social Services recently conducted a study in Boston on the relationship between drug abuse and child abuse, by analyzing substantiated cases of child abuse and neglect investigations. The findings indicate:

- the presence of illicit drugs or excessive alcohol use was identified in 64% of the investigations of child abuse and neglect examined

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- cocaine was present in 65% of the cases of maltreatment investigations identifying substance abuse; excessive alcohol in 48% of the cases; heroin in 9%; other drugs in 41%
- multiple drug use was frequent

In many cases reported to DSS, investigated by social workers, and found to be supported, drug use is a main factor contributing to the abuse and neglect.

Substance abuse has an extremely negative impact on whole families, not just individuals within the family structure. Often, concurrent with the drug use and abuse, there is unpredictable violence and neglect towards other family members, mostly children. In many cases, the drug-abusing parent is unable to parent, and the need for drugs overwhelms the needs of the child for food, clothing, shelter, supervision and care. Children are coming into foster care from increasingly dysfunctional families, often compounded by drug and/or alcohol dependency. Addiction usually means that the children in the household are being neglected or abused in some way.

According to a recent statement by DSS, "drug-addicted mothers are giving birth to drug-addicted babies. Family violence is escalating, and the number of children being abused or neglected is rising. The result is more children than ever being sent to foster homes."

The number of children under age 2 in foster care has been rising the fastest. In June, 1987, 517 children under 2 were in foster care. A year later the number climbed to 688, and by June, 1989, a total of 893 toddlers were living with foster families. According to a DSS spokesperson, "this is primarily because they are either born to drug-addicted mothers or they are in households where the parents are taking drugs and not taking care of the children."

A more complete review of this area is presented in Section III of this report.

Addiction of Infants at Birth

According to a recent study by the U.S. Department of Health and Human Services, state welfare agencies in eight cities reported nearly 9,000 babies born in 1989 to mothers addicted to crack.

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In 1988, the National Association for Perinatal Research and Education conducted a survey of 36 hospitals and found that 11% of babies born had mothers who used illegal drugs during their pregnancy. The 11% represents 375,000 mothers.

According to the House Select Committee on Children, Youth and Families, the number of drug-addicted newborns nationwide has quadrupled in many metropolitan hospitals since 1985. These babies experience severe neurological damage, respiratory problems, and seizures. In addition, the effects on these babies are strokes while still in the mother's uterus, genital, intestinal and urinary tract defects. Some die from Sudden Infant Death Syndrome (SIDS).

In Massachusetts, the number of newborns and children in foster homes is at the highest level ever, frequently as the result of drug-addicted parents. This problem cuts across all socioeconomic and cultural lines.

Many infants coming into substitute care are drug-addicted, have drug-related medical problems, are born with "positive toxic screens" for cocaine, or are subjected to fetal alcohol syndrome from birth. The Department of Social Services states that it is seeing a significant increase in babies born with addictions, usually to cocaine.

Frequently when pregnant women use drugs during their pregnancy, babies are born addicted. In a recent study by the Department of Public Health, findings indicate that 600 infants are born addicted each year in Massachusetts. It is estimated that nearly 1200 babies a year are born cocaine-affected. Cocaine is associated with severe neglect of even very young children. These numbers, and the problems experienced by the children affected, are certain to continue to overwhelm and impact child welfare and state servicing systems.

In 1989, there were 353 children with supported investigations for congenital drug addiction to opiate drugs. This number has more than quadrupled since 1984, when there were 82. According to DSS, "there is a strong feeling that reports of drugs other than opiates are significantly underreported because few hospitals do this type of testing." In 1988, 180 pregnant women received outpatient methadone treatment statewide.

Estimates are that 5,000 drug-affected babies are born yearly in Massachusetts. The Department of Social Services states, "in the last few years, the number of infants born addicted to heroin, methadone and other opiates has skyrocketed." The figures break down as follows:

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1984	-	82
1985	-	105
1986	-	140
1987	-	189
1988	-	288
1989	-	353

While 353 infants were born addicted in 1989, another 385 were reported born with evidence of cocaine in their systems or to women reported to have used cocaine during pregnancy. Between 70 and 80 of these babies are born each year at Boston City Hospital alone, and experience severe withdrawal from the drugs. At the Hospital, infants who are in the care of DSS receive medical treatment for drug-related problems after birth. All 15 beds in the hospital's intensive care unit for infants are usually occupied.

In a Department of Social Services study* on substance abuse and family violence in Boston in 1988, 23 of the supported, or substantiated, investigations of child maltreatment originated as hospital reports of drugs in newborns. Twenty of these involved cocaine. Four of the babies had Fetal Alcohol Syndrome (FAS), and six were in opiate withdrawal. Some babies exhibited symptoms of more than one drug. Almost all of the supported reports involving children under one (34 of 38, or 89%) were in families where one or more members were identified as substance abusers during the investigations, and 23 of the 34 (68%) were hospital reports of newborns with congenital drug addiction (6), positive toxic screens for cocaine (20), or fetal alcohol syndrome (4).

According to studies, cocaine-addicted babies adapt poorly to their physical environments, leading to feeding, bonding, and parenting problems, which, in turn, increases the risk of future abuse and neglect.

In 1989, 43 infants in Massachusetts died within weeks of their birth to mothers who used cocaine during pregnancy, nearly double the number in 1988. None of the babies lived longer than 84 days.

Hospitals and physicians are required to notify the state when there are traces of cocaine or other drugs in the blood of the newborn. If infants show signs of withdrawal, or are addicted to a drug, they are kept in the hospital until they are drug-free. They may then be placed in foster care either temporarily, or on a longer-term basis. These infants often

* Substance Abuse and Family Violence: Identification of Drug and Alcohol Usage in Child Abuse Cases in Massachusetts, Department of Social Services, 1989, 1990.

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require extensive care and close supervision by the foster parents.

In 1988, DSS created a new category to reflect the reported number of infants born with drug addictions and the number of children neglected by drug-addicted parents. A total of 685 reports were made to DSS between July 1988 and June of 1989. More than half of the babies were born addicted to cocaine, and the remainder were addicted to opiates or neglected by drug-addicted parents. The breakdown by region is as follows:

<u>Region</u>	<u>No. of Reports</u>	<u>% of State Total</u>
Boston	298	43.5%
South Shore	107	15.6
Greater Boston	65	9.5
North Shore	125	18.2
Central Mass.	24	3.5
Western Mass.	66	9.6

In 1987, Brigham and Women's Hospital made 69 reports of abuse, neglect, or drug exposure to DSS. Forty-nine of these, or 71%, were drug-related. In 1988, 84 out of 128, or 65% of the reports, were drug-related. As of October, 1989, 65 out of 68, or 95%, of reports were drug-related.

In 1988, Beth Israel Hospital in Boston reported 103 infants born drug-addicted. Many physicians and hospital personnel believe that these figures are underestimated and under-reported.

A study at Children's Hospital, reviewed in an article in "The Counselor" (Nov., Dec., 1988), indicated that "parents are so preoccupied with their drug habit that the child ends up paying the highest price". The study cites the fact that, for an infant, cocaine produces life-threatening problems: the infant undergoes withdrawal, is ravaged by the drug, which can destroy the development of organs, and the infants can suffer strokes even before they are born. According to the study, "cocaine mothers are the least responsible parents".

Dr. Jan Paradise, involved in a child protection program in Boston City Hospital, states, "the most acceptable concept is that when a parent is involved in severe substance abuse, the attention that would normally go to the child is directed to obtaining and using the drug. In this kind of lifestyle, the child comes second; the drug is top priority."

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National studies indicate that nearly 8,000 children a year, or 1 in 3 of every 1,000 born, have some or all of the symptoms of FAS. These symptoms include: seizures, poor eyesight, balance and hearing, curvature of the spine, and often impaired intelligence, memory and reasoning problems. FAS is the third largest cause of mental retardation.

Of the many cases brought to the attention of the Special Subcommittee, one foster mother cared for a six month old infant suffering from withdrawal from cocaine. Another foster parent cared for a child who was six months old, had an eating disorder, seizures, brain damage and respiratory problems due to cocaine use by the mother during pregnancy. Over fifty pounds of medical equipment is required to keep the child alive.

Child Fatalities

There was a 22% increase in all child deaths known to DSS from 1988 to 1989 - 68 in 1988; 83 in 1989. The increase in infant deaths nearly doubled - from 24 in 1988 to 43 in 1989.

Of the 43 infant deaths in 1989 - 58% higher than in 1988 - 22 were preceded by drug and/or alcohol use during pregnancy. At least four others were probably preceded by substance abuse. Seventeen of the 22 deaths involved cocaine. The average age of the infants at the time of death was 84 days. Some of the infants were born prematurely and were unable to survive the first few days; others were born addicted to cocaine and were unable to survive withdrawal, or died from SIDS or other ailments.

According to data received from DSS, in December of 1989, eight children died. The following is a brief summary of some of the cases:

In Boston, the second of twins born prematurely, died in 21 days, with a positive toxic screen. The first twin died also.

In Cambridge, a six week old infant died from complications from a drug-addicted birth. Five other children in the same family were taken into care by DSS.

In Lawrence, one infant lived for only one hour; the mother admitted to drug addiction; two other siblings were taken into protective custody for neglect.

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In Framingham, a 21 day old, prematurely born, and medically involved baby died. The mother enrolled in a drug program. DSS was involved in the case, and with other children in the family.

AIDS, ARC, And HIV Seropositivity in Infants and Children

In the past, AIDS cases in children were mostly due to blood transfusions. This problem has been reduced to nearly zero, due to precautionary measures taken. Now most children are infected with AIDS prenatally, from HIV mothers. About one-half of pregnant women who are HIV carriers deliver babies with the infection. According to the American Academy of Pediatrics, perinatal AIDS cases have doubled in one year. By 1991, there could be 20,000 babies infected in the U.S. One of every 10-15 hospital beds nationwide will be taken by HIV infected children. Babies are being born with AIDS and HIV to parents who are IV drug users.

Studies of children born to women with the HIV virus found infection rates of 30-65%. Nearly 50% of children who test positive for HIV develop AIDS.

A recent study from the New England Journal of Medicine indicates that babies born infected with the virus that causes AIDS do very poorly, with most of them dying or showing signs of disease before they reach one year. Of the 172 babies studied who acquired the HIV infection in the womb, 17% died before one year of age. Infants showed symptoms of the disease at an average age of 8 months, and survived an average of a little more than 3 years after they were diagnosed. The study identified a set of 7 disease patterns in children. The study emphasized the need for early recognition of the HIV infection in children to permit early and effective treatment.

The Centers for Disease Control count only confirmed cases of AIDS, not the HIV-infected who number an estimated 1.5 million. Of the nation's 109,000 AIDS cases, 1,780 are children under the age of 13 years.

In Massachusetts, about one-third of babies born to infected mothers contract the AIDS virus. Between 75 and 90 babies a year are being born infected. Boston City Hospital records one new case each week.

According to the Department of Public Health's AIDS program director, estimates are that there are 350 children

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younger than 7 years infected with the AIDS virus, but most of them have not yet been tested for the virus. Therefore their identities are unknown. These figures are projected to increase.

The Department states that in 1988, 224 Massachusetts infants tested positive for AIDS. For 1989, the figure is projected to be about the same. The statewide rate is .2% per 1,000 births.

In 1987, only 1 infant in the DSS system tested positive for the virus causing AIDS; in 1988, there were 10 cases. In the first part of 1989, 27 newborns tested positive for AIDS.

According to DSS, an alarming number of infants with AIDS have entered the foster care system. One HIV positive child enters foster care every week. The Department states, "the increasing prevalence of AIDS in DSS children is directly attributable to intravenous drug usage by the mother or her partner."

The Department of Social Services currently has 43 children in care who have tested positive for the AIDS virus, 9 children who have AIDS, 11 who have ARC, and 23 other children who do not yet have symptoms. Estimates are that another 24 children will be coming into care in 1991. These children totaled together will cost \$1.5 million for the care they need.

In 1988, DSS formed the Child Care AIDS Network to address the problem of an increasing number of children needing care. The program consists of representatives of department offices throughout the state, and meets monthly to match foster families with children. There is a serious need to recruit more families. Families taking in AIDS children often meet with fear and alienation from friends, neighbors, and others in the community. The Department has an AIDS Review Panel, which is a board consisting of physicians, social workers, and other professionals.

The Board reviews cases involving testing, placement, and other AIDS issues of any child in the care or custody of the Department. The Department has a plan it is implementing, "Summary of Decision-Making for Children in the Care or Custody of the Department Who Have AIDS, ARC, HIV Seropositivity and Infants Born to Mothers Who Have Engaged in High Risk Behavior". There is a second program recently implemented with a federal grant that involves a network of foster parents of children infected with AIDS. A further discussion of these programs is in Section II.

Resources for these children are scarce, and there are only a few foster homes in the state that can care for AIDS babies. According to DSS, difficulties also lie in finding

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a foster home, and trying to maintain relationships with the natural parents.

The Department currently has 50 foster families that have been specifically recruited and trained to care for children infected with HIV. The foster parents are rigorously trained by medical professionals on day to day precautions. There are support groups for foster parents and emergency care provisions. Foster parents may work with a team - nursing agency, homecare company, etc., that brings medical supplies and trains the foster parents to use the equipment and sterile procedures. Foster parents also can receive hospice counseling. Even with the 50 foster homes, resources and homes are inadequate to meet the growing need.

Since December, 1986, hospitals in Massachusetts routinely have tested infants at birth for HIV. Tests are anonymous and confidential. Babies are given a second HIV test after they have had a chance to "throw off" the mother's antibodies and develop their own - usually between 15 and 18 months. If the baby tests positive at 18 months, AIDS may become the child's future.

With the exception of five beds in a residential ward for HIV-infected children up to age 5 at Boston City Hospital, residential care in Massachusetts is not available. Other states, such as New York, New Jersey, and California, have group homes for pediatric AIDS cases. Most specialists agree that, at this time in the development of AIDS in infants, foster care is the preferred care for these children.

Recent studies indicate that, nationwide, thousands of children with parents who have AIDS or HIV, are not themselves infected. These children are losing their parents to disability, illness and death from the disease. These children often become caretakers to sick parents and younger siblings. Many end up in single parent homes after the death of one parent, and often many end up without their parents at all, and are placed in foster care. The death of a parent from AIDS can cause serious psychological trauma, compounded by stigma, secrecy, fear, anger, shame and guilt.

According to the Association to Benefit Children in New York, "we must plan for a foster care vision, and plan to accommodate these children without reducing the needs of other children, or warehousing will begin again."

Information on all areas presented in this section are further discussed in the sections on the Foster Care System, and the section on Child Physical and Sexual Abuse and Neglect.

Section 1: Children in Foster Care

Juvenile Sex Offenders

Representative Stanley Rosenberg and the members of the Special Subcommittee have received information on juvenile sex offenders who are in foster care, from the Massachusetts Adolescent Sexual Offenders Coalition, of the New England Adolescent Research Institute.

The concerns expressed in a written statement to Rep. Rosenberg by the Coalition are with the placement of juvenile sex offenders in foster care placements, the number of such offenders who have reoffended against other youth in foster homes, the appropriateness of these placements, and preventive and interventive programs and services to meet the needs of juvenile offenders.

According to the Coalition, there are over 600 juvenile sex offenders in the system, many in the care of the Department of Youth Services. The Coalition has advocated for the needs of the community and the juvenile offenders. The Coalition is concerned about the gaps in services, training and diagnosis, and placement of offenders in communities and foster care placements that may cause sexual victimization to other children also placed in care. Concerns were also expressed about the adequacy and effectiveness of existing programs and placements, the need for adequately trained foster parents, and increasing the number of foster homes willing to accept these youth. Many of the youth are under the care of the Department of Social Services.

The Coalition stated their concerns about the lack of research that is available on the number of juvenile offenders who have reoffended against other youth in foster care homes while they were in placement.

A further discussion of this area, and recommendations by the Coalition and Special Subcommittee are presented in Section II.

Cost Factors

While budgetary and funding issues are discussed throughout the report, some relevant statements must be stated in this section.

It is projected that the Departments of Social Services and Public Welfare will spend \$2.8 million in FY91 for care for 113 HIV children. Estimates are that it costs more than \$80,000 in medical expenses to care for a child with AIDS in a foster

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home for the last year of the child's life. Hospital costs for children range from \$200 to \$500 per day, depending on the level of care needed. Children who are dying of AIDS and in need of intensive care, require hospital care that could reach \$182,500. Therefore the more cost-effective care is that received by children in foster care.

The study previously referred to, from the Department of Health and Human Services, indicates that caring for only the 8,974 babies identified in the cities surveyed would cost \$500 million for hospital delivery, prenatal care and foster care through age five. The additional costs for preparing these children for school could exceed \$1.5 million.

To care for a mentally ill child in foster care, foster parents receive daily reimbursement rates plus additional monies for "extra-care", provided at between \$5,000 and \$20,000 a year. These costs do not factor in social workers time, and some other costs. The total costs to maintain the child in foster care is approximately \$26,333, at the highest level of care. However, placing the child in group care would cost between \$35,000 and \$60,000 a year, at a minimum.

In order to place and maintain children requiring special care in foster homes, and prevent more expensive care in placements other than foster homes, the state will have to provide out-patient medical services, mental health services, health care availability and accessibility, educational programs that are specialized, and foster parent reimbursements that are compatible with the needs of the children in order to enable children to be cared for in the home setting.

The Department of Social Services is projecting that they will have funding for only 7,000 of the total children in foster care. As of February, 1990, there was a total deficiency of at least \$8.2 million in FY90 foster care and group care accounts.

DSS also projects that they will have 300 more children adopted who will need adoption subsidies this year than they are funded for. For FY90, DSS has already submitted a deficiency request of \$10.3 million for the adoption account.

For FY90 and FY91, DSS is also experiencing funding shortages in many other vital services, such as day care, in-home supportive services needed by at-risk families, and other preventive and interventive services and programs.

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In terms of preventive measures, it costs \$2300 a year to provide special services to keep a child safely at home in a troubled or dysfunctional family. However, it costs about \$5,600 a year to maintain a child in foster care and \$20,000-\$50,000 and up to maintain a child in an institution.

The members are examining the area of children in foster care who are welfare-supported, or subsidized by public assistance, and will continue to study this area.

In Massachusetts, the rapid increase in out-of-home placements has far outstripped available dollars. Approximately 250 children who may qualify for foster care may not be able to receive it.

Future budget analyses and cost factoring will have to include reflections and considerations of increases in the complexities of the needs of children entering the social services systems, health care systems, educational programs, and foster care. Trends suggest that, in addition to the already seriously abused, troubled, and needy children entering foster care, more children with AIDS, cocaine or drug-addictions, and other severe problems, will increasingly continue to enter the foster care and child welfare systems.

There are children entering foster care with more complex problem behaviors, and who are coming from increasingly more dysfunctional homes where there is significant family breakdown, serious illness, and a range of other problems. For many of these children, removal from their homes and placement in foster care, or substitute care, is the only alternative to the child remaining in a disruptive and often violent home. It is becoming more and more difficult to find appropriate foster homes and to obtain vitally needed services and resources for the children, the foster parents, and the natural parents.

Nationwide, there are estimates that the number of children placed in foster care, juvenile detention centers and mental health facilities could reach over one million by 1995. A recent survey of 11 states indicates that the number of children in foster care dropped by 9% between 1980 and 1985. However, this number rose 23% from 1985 and 1988, while federal funding for child welfare programs aimed at keeping children in their homes rose by only 7%.

Nationally, homelessness, AIDS, and crack cocaine are continuing to overwhelm child welfare services, and are contributing to a growing number of children needing foster care.

Many children can neither be adopted, or reunified with their families. Many children cannot live in foster care, as they are unable to adapt, or appropriate homes are not

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available, or they are unable to complete with other family members, experience behavior problems, and need other alternative resources and services.

Some foster children frequently must be placed in clinical settings, and experience difficulties in their abilities to form relationships, have inadequate parental images to serve as a basis for socialization, are confused about their identity, and suffer the consequences of instability, separations, and experiences of loss. Frequently, children of teen parents may require foster care, and, at times, both the teen and the child require foster care. In homes where there are several children, and members of the family or household become abusive, the children end up in different foster homes. Often a mother's male friend is the abuser, and the child is removed, placed in foster care, and then returned home at a later time. The mother may be attempting to take care of the family, but the child is removed and placed in foster care, which often can have more serious negative consequences for all family members. These homes frequently experience child-rearing and parenting problems.

While all children in foster care, or any form of substitute care, need permanency planning, multiple placement children, or children caught in the foster care "drift", frequently require early determinations for planning, and need alternative or specialized support services to initiate and implement appropriate and relevant permanency planning. Identification, monitoring, and tracking of these children is of critical importance. These children need a team approach to servicing complex needs, and greater support systems than do other children. Frequently, these children "drift" - getting lost in the system and floating from one system to another. Although this problem has lessened in recent years, it remains a concern to be addressed. Children without permanent placements often cannot form attachments, and have difficulties in loving and trusting themselves and others. Many "permanent" foster children have come to need the additional legal and psychological support of an adoption procedure to strengthen their bonds with their new families. They also need continued subsidy and social work services.

The following section discusses how children enter foster care through procedures for removal of children from their homes and subsequent placement in foster care homes, and a comprehensive review of the foster care system.

Section 1: Children in Foster Care

If current trends continue, and there is no indication to the contrary, the severity and profound nature of the problem conditions and types of reasons children are being placed in substitute care, will alter casework practices and procedures, treatment needs and programs to meet these needs, support services required, the varying types and numbers of placements needed, and the relationship between servicing agencies, children and youth, and the foster parents and natural parents. Plans for policies, programming and servicing, and interagency agreements, will have to be developed and implemented to accommodate the changing nature of foster care in Massachusetts.

Section II: The Foster Care System

Defining Foster Care

In the previous section, the members have, as much as is possible, defined the children who are entering the foster care system. The profile of these children is further determined in Section III on children who are the victims of child abuse, neglect, and sexual abuse, and who are subsequently removed from their homes and placed in foster care. This section will focus in a more concentrated manner on what the parameters are that define foster care, who the families are that receive the children into care, and the processes involved in the foster care system.

The Department of Social Services defines foster care as "substitute care in a family setting, approved by an OFC-licensed placement agency, which provides 24-hour a day care, when the parent or principle caretaker is unable or unavailable to provide care on a daily basis." The target population for this premise is defined as "children for whom out-of-home, planned temporary substitute care has been determined necessary in accordance with Department policy and regulations, and who can participate successfully in a family setting."

The Department, in its Agreement between the Massachusetts Department of Social Services and Foster Parents, further defines family foster care as that which "provides a healthy setting for a child until he or she can either return home or, if necessary, be placed in an alternate permanent home."

Office for Children regulations, 102CMR 4.02, state the definition of Family Foster Care as, "substitute parental care in a family given in a private residence for up to six foster children on a regular, twenty-four hour a day, residential basis by anyone other than a relative by blood, marriage, or adoption. In order to place siblings in the same residence in emergency situations, this definition shall not prohibit the placement of more than six foster children in a home which, prior to the placement of the sibling group, contains less than six children. Nothing in this definition shall prohibit a licensee from considering a child's relatives for approval as foster parents."

In a DSS policy, 89-001, recently revised as a result of recommendations of the Special Subcommittee on Foster Care, the Department further states, "the Department is committed to providing quality family resource services to children in need of placement. It is the philosophy of the Department to work cooperatively with foster parents through all phases of the family resource program."

Section II: The Foster Care System

The members of the Special Subcommittee fully support these definitions and goals, the premises embodied in their principles, and the revisions and improvements that have been implemented to enhance the lives of foster children. On the following pages the members will present a discussion and additional expansion on the problem areas identified throughout the study by the Special Subcommittee as creating impediments to a sound foundation on which to build a quality foster care system that adheres to the stated goals and principles. Some of the problem areas were identified in the findings and recommendations of the members in Volume I. These areas are further discussed and expanded upon in this section. Each problem area, or finding, is followed by a subsequent range of comprehensive recommendations formulated to address and remediate problem areas.

Prior to stating the issues, findings and recommendations in each area, what follows is a discussion of who are the foster parents receiving children into their care.

Who Are Foster Parents?

The members of the Special Subcommittee have requested and been provided with, information that describes and articulates who are the foster parents receiving children into their care. The following contains this information.

The Department of Social Services reported that, in 1986, there were 4600 foster homes. Currently there are 4,669 foster homes, plus 865 additional homes available through contracted/partnership agencies, totalling 5,524 foster family resources. As of August, 1989, there were 1,157 new foster homes approved for placement, including restricted and unrestricted homes, and a 10% increase over FY88 in unrestricted homes. There was a net increase of 253 unrestricted foster homes. The Department states, "though we've seen an increase in the number of foster homes available, we see a big increase in the number of children coming into care. There has been a 66% increase over the last two years of children coming into care who are under two years of age. Therefore, our foster parent recruitment efforts remain a top priority."

According to DSS, an individual picked at random who "accepts the challenge of providing 24 hour-a-day, 7 days a week care to children in need of alternative placements would most likely be married, white, and between the ages of 30-49. The family has probably been taking foster children for over five years."

Section II: The Foster Care System

Marital status of foster parents breaks down as follows:

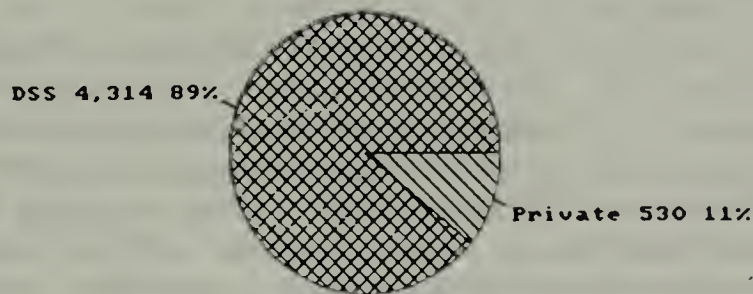
married	-	65%
divorced	-	13%
never	-	10%
married		
separated	-	6%
widowed	-	6%

Ethnicity of foster parents breaks down as follows:

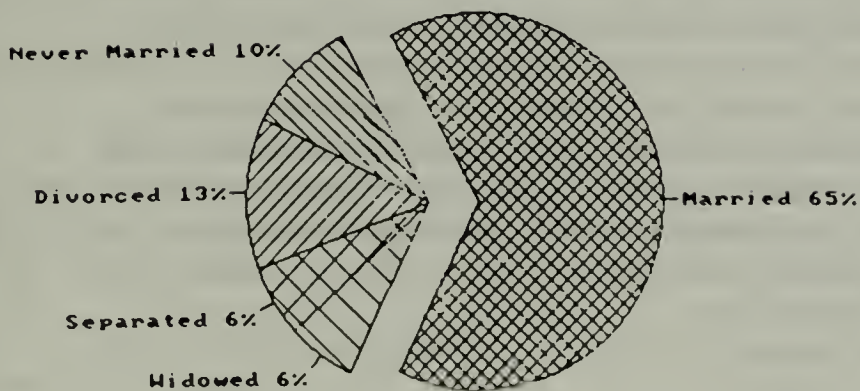
white	-	71%
black	-	19%
hispanic	-	7%
other	-	3%

The following Department of Social Services' chart gives a graphic breakdown of this information.

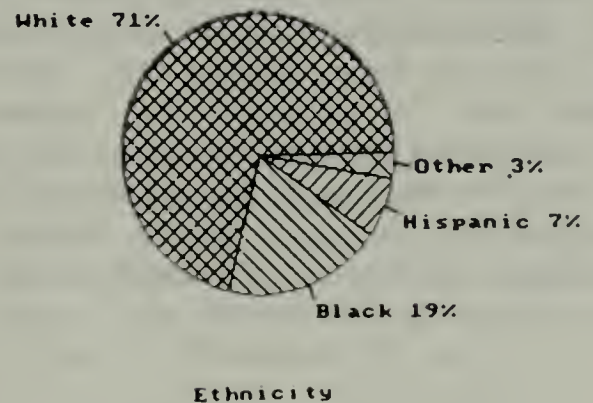
CURRENT FOSTER HOMES



**Foster Homes
Marital Status**



Ethnicity



Section II: The Foster Care System

As with the variations in the profile of foster children, there are also variations in the profile of foster parents. The majority of the children in foster care live with married couples who may or may not have children of their own. The chart on the previous page states the other types of foster homes by marital status and ethnicity.

A breakdown of foster parents by age group is as follows:

36% of foster parents are 40-49 years
27% are 30-39
16% are 50-59
12% are 20-29
9% are 60 and over

A breakdown of those who have been foster parents for a specific number of years is as follows:

44% for 5 or more years	13% for 3-5 years
23% for 1 to 2 years	7% for 2-3 years
13% for less than a year	

Blended Families

A new group, or increasingly larger group, of foster parents emerging is that of "blended", or "reconstituted" families. Blended families are those in which parents with children have been divorced, and have remarried other partners, who also may or may not have children. This family may then have children together, and may also have foster children and adoptive children. Thus, a blended family may consist of biological children from first marriages of one or both partners, biological children from the present marriage, adoptive and/or foster children. According to information received by the Special Subcommittee, these families, when all children are tolled, may consist of upwards of 15-17 or more children.

Recent trends indicate the changing definition, constitution, and percentages of "traditional families". The foster care system has begun to, and will have to continue to, re-define and re-align its framework and process to accommodate and assimilate the changing parameters of the traditional family. The needs and servicing prerequisites of foster children and foster parents will have to be addressed within the new emerging context of what and who constitutes a family, and to the extended members of those families.

Section II: The Foster Care System

In recent years, there has been an increasing movement to improve the foster care system, and to professionalize the foster parents who provide homes to children within this system. Some of these improvements are reflected in the increase of M.A.P.P. training, improved reimbursements and services to foster parents, such as Respite Exchange, permanency planning and foster care review, appreciation and recognition events, and newsletters and other publications relating to foster parenting. These improvements are discussed throughout this report. While the increasingly difficult needs of children entering foster care are driving the need for increased numbers of foster homes, the improvements in recruitment techniques by DSS and private providers also reflect the professionalization of foster parenting.

A. Licensing, Approval, and Monitoring in Foster Care.

1. Licensing Procedures: According to the Department of Social Services, from information received by the Special Subcommittee, there are 4300 foster homes in Massachusetts and 530 private agency homes. The public state agencies that place children in family resource homes (foster care) are the Departments of Youth Services, Mental Health and Social Services. In addition, there are approximately 70 licensed private agencies that provide foster care services.

While the focus of this report is on foster care that is within the mandate of the Department of Social Services, in order to stress the crucial need for foster care, and the critical problems being experienced by children needing this care, it is important to state the foster care services that are provided by other agencies. The Department of Youth Services has 77 foster care beds for foster children who are awaiting trial for behavioral problems, or less serious crimes. The Department of Mental Health has 1500 beds for children with psychiatric needs - 50% of these beds are occupied by foster children.

These figures were presented to the Special Subcommittee on Foster Care at public hearings.

The members of the Special Subcommittee requested extensive information from the Office for Children and the Department of Social Services on the licensing process, and the procedures for approval of foster homes to care for children needing them.

In Massachusetts, foster homes are not licensed to care for children, but rather are "approved" to provide this care.

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OFC regulations define approval as "a certification in writing, whether full or provisional, issued by the Office to a department, agency or institution of the Commonwealth or any political subdivision thereof, which authorizes it to operate a placement agency." The Office defines a license as "a certification in writing, whether full or provisional, issued by the Office to any person other than a department, agency, or institution of the Commonwealth or any political subdivision thereof, which authorizes such person to operate a placement agency." A licensee is "any person holding a license or approval issued by the Office".

Further, the Office defines a placement agency, by regulation, "a department, agency or institution of the Commonwealth, or any political subdivision thereof, or any organization incorporated under chapter 180, one of whose principal purposes is providing custodial care and social services to children, which receives by agreement with a parent, by contract with a state agency, or as a result of referral by a court of competent jurisdiction, any child for placement in family foster care or a group care facility, or for adoption."

The Office for Children regulations, 102CMR, 4.03, state,

Upon receipt of an application for a license or approval or renewal thereof, the Office shall inform the applicant of the steps it will follow in reviewing the application. Such review shall include interviews, review of records, site visits, and technical assistance related to licensing requirements. The Office shall issue or renew a license or approval if it finds that the applicant is in compliance with these regulations.

The regulations further state that the governing board in a private agency, or the official legally in control of a public agency shall designate one person who will have administrative supervision and authority over the operation of the license.

By mandate under Chapter 28A of the General Laws, s.4, the Office for Children shall, "establish regulations for the licensing or approval of.....foster care which is not supervised and approved by a placement agency, placement agencies, and group care facilities..." The statute defines "family foster care" as substitute parental care in a family given in

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a private residence for up to six children under 16 years of age on a regular, twenty-four-hour-a-day, residential basis by anyone other than a relative by blood or marriage; provided, however that such care may be provided for more than six children in order to place siblings in the same residence." The statutory definition of placement agency is the same as that found in the OFC regulations.

Under Section 10 of Chapter 28A, the Office shall:

Issue and may renew a license to any person other than a department, agency or institution of the commonwealth or any political subdivision thereof, who meets applicable standards and requirements to establish and maintain...family foster care which is not supervised and approved by a placement agency...The office shall issue and may renew a license to any organization incorporated under ch. 180 which meets applicable standards and requirements to establish and maintain a placement agency. The office may issue a provisional license for or may provisionally approve... family foster care which is not supervised and approved by a placement agency...any of which has not previously operated or is operating but is temporarily unable to meet applicable standards and requirements.

OFC regulations further state, the licensee shall have the authority to place a child in foster care or group care by virtue of any of the following:

- a. a court order giving custody or guardianship of the child to the licensee
- b. a contract with any agency legally authorized to provide foster care or group care
- c. a written agreement with the child's parents or legal guardian
- d. a request for foster care or group care by the child himself, with any legally required parental consent

Section 4.06 of the Office's regulations state, "the licensee shall place a child only in a licensed group care

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facility or a foster home which has been evaluated according to 102CMR 4.13, and which the licensee has found capable of meeting the particular child's needs."

In 1986, the Office for Children began to license the Department of Social Services, and began to make site visits to all DSS Area Offices to monitor foster care regulations. Compliance plans were developed for each office, and responses were submitted. This process of licensing all DSS Area Offices was completed in 1988-1989, and by February, 1989, all DSS offices were being monitored for foster care and adoption simultaneously.

Correspondence from DSS to the Special Subcommittee states that, through impetus from the Legislature, Administration, and Special Subcommittee on Foster Care, "the Department developed a plan for improving the system, and has strengthened the DSS foster care system to the point where for the first time in the history of the Commonwealth every DSS office is fully licensed (publicly approved) by the Office for Children." The Special Subcommittee also provided for impetus for change in that the Department has also "created a regulatory framework for the foster care system which clarifies the roles of the social worker, foster parent, and family resource worker as professional members of a team to deliver services to foster children and their families."

The Office for Children does not directly license all individual foster homes, but does license public and private agencies, who, in turn, license or approve, individual foster homes. The Office licenses the Department of Social Services to conduct and implement the licensing/approval process. The Office for Children does provide standards and regulations on what the licensing should involve. This process, when implemented, transfers at least part of the licensing process from the Office for Children to the Department of Social Services Central Office to DSS' Area Offices to placement agencies, or private service providers that are contracted with public funds to provide specific services, and to approve individual foster homes. Each DSS Area Office maintains lists of providers, and has protocols to accompany the lists. According to DSS, "the Office for Children has to license private providers before foster care services can be provided." Also, according to DSS, the private agency has a separate list from that maintained by the Area Director. The Area Director visits private agencies at least annually.

The Special Subcommittee has requested clarification of this process. In a response to a question regarding the direct

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line from the Office for Children to foster homes, a representative from the Department of Social Services stated that the Office for Children licenses each of the DSS Area Offices, but does not license individual foster homes. These homes are approved by the private providers contracted by DSS, and "DSS approves, supervises, and monitors each foster home."

The Office for Children's regulations state, "in fulfilling its mandate as the agency responsible for licensing placement agencies, the Office has developed specific regulations to be met by public and private placement agencies in order to provide this opportunity to the children they serve." The regulations further state the recognition that the services to be offered by placement agencies affects families and their children needing care. "A placement agency's philosophy, administrative policy and services to and for children shall be directed toward strengthening a child's relationship first to his biological family, or, if that is not possible, to another permanent family. The primary purpose of a foster care placement is to provide a child with a parental substitute who will offer the child a secure family relationship during the placement."

Partnership Agency Services (PAS) Initiative - Purchase of Services (POS): According to information received by the Special Subcommittee from DSS, in October of 1987, DSS formulated an agreement with the Mass. Society for the Prevention of Cruelty to Children MSPCC, which piloted an "FTE", or "full time equivalent" Model. FTE translates to mean the equivalent of one full time social worker carrying twenty cases, which is DSS' 'standard' caseload unit. (This area is further discussed in the section on Social Services and Social Workers.) This program has been subsequently revised, and re-titled the Partnership Agency Services Initiative. MSPCC implemented the pilot program in Region I with two FTE's, and subsequently increased the number of FTE's to 17 in FY88.

On July 1, 1989, DSS implemented the PAS Initiative on a statewide basis, with 60 agencies currently participating in the Initiative.

Under the PAS Initiative, DSS will purchase caseload capacity from providers at a standard rate per caseload. One caseload = 18 cases = 1 FTE. For FY90, each FTE is purchased at a standard, basic rate of approximately \$65,000. Services in excess of the \$65,000 receive additional contracts, and each agency receives \$3,500 for each case over the FTE limit. The rate of \$65,000 for each unit is based on the cost to DSS of employing one social worker and all of his/her necessary supports, including secretarial, legal, rent, supervision, typewriters, and office supplies, etc. Provider agencies serving special populations (these populations have not been defined) have the opportunity to bid for additional intensive services, such as counseling. For these agencies, monies in

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excess of the \$65,000 is added through additional contracts. In FY90, the majority of PAS providers receive additional monies, above the stated rate, through the offering of enhanced services that qualify for these additional monies.

In a recent policy paper obtained by the members of the Special Subcommittee, MSPCC, the original pilot member for the PAS Initiative, stated that it will refuse to service difficult and long-term cases, or those that involve long-term placements or court involvement. If an agency is contracted to provide certain services, it is questionable whether that agency can refuse to service certain children.

The Department states that when a PAS agency assumes responsibility for a case, that responsibility includes legal services. Therefore, contracted agencies must have an attorney to handle legal services, and DSS cases that require courtroom and legal activity will be handled by contracted legal personnel, and not by DSS own staff attorneys. A review of agency forms in the Attorney General's Office, Division of Public Charities, states that many provider agencies sub-contract with consultants, at high costs, for services ranging from legal to counseling to speech therapy to investment counseling and fundraising. Many services listed as purchased from consultants are the same types of services contracted with state funds to be provided by the agency.

In FY90, the Department contracted out approximately 10-15% of its total caseload, consisting of between 3,200 and 3,600 cases, which are equivalent to the purchase of 180 case management FTE's. In FY90, 59 private agencies in 88 administrative sites throughout the state participated in the PAS program. In addition to the 180 case management FTE's, at the same rate, DSS purchased approximately 50 placement FTE's. These purchased services relate exclusively to the recruitment, development, and maintenance of foster homes.

DSS' Partnership Agencies have access to all services which DSS purchases individually - for example, a bed in a residential treatment program, a slot in a protective day care, a slot in an emergency shelter, or the services of a sexual abuse counselor. DSS agencies also have access to the DSS on-line ASSIST computer system, and to training conducted by DSS.

In the information provided to the Special Subcommittee, DSS stated that the goals of PAS are as follows:

- a. Consolidate all case activity and responsibility with one agency, either DSS or a Partnership Agency, rather than having different agencies responsible for case management.

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- b. Standardize casework practice among all private agencies that have DSS contracts, to ensure uniformity in all DSS cases, whether handled by DSS or by a private agency under contract with DSS.
- c. To simplify purchasing and payment mechanisms for DSS, to maximize effectiveness of purchasing dollars, with private agencies.
- d. Provide monitoring capacity for key performance indicators such as the number of cases managed, timelines of case activity including investigations of abuse and neglect, assessments, service plans, case reviews, closings, foster home registrations, foster home approvals, number of available foster homes per agency, number and description of children in placement, and length of placement.

The Department purchases services for foster children from private foster care agencies that have been licensed by the Office for Children. Examples of these services are case management, foster home training and recruitment.

In DSS' Social Services Block Grant Pre-Expenditure Report for FY90, the Department defines case management, through the Partnership Agency Services, as "the assumption of responsibility to ensure that the needs of children and their families are met during some or all of the following service delivery functions: investigation, assessment, service planning, service provision, case review and case closure." Case management services are provided to children and their families requiring such services as determined by DSS staff. The definition may also include the assumption of responsibility for determining the need for, arranging and supervising the placement of, children into family resource and specialized family resource settings and ensuring that each child's need for a permanent family is met by performing service planning, service provision, case reviews and case closure functions.

Under the section on PAS Investigation and Assessment, DSS defines investigation as that which "consists of a coordinated set of activities initiated in response to a report of child abuse or neglect." Assessment is defined as "the process of working with the consumer to gather sufficient information to determine the consumer's need for service and to establish a service plan."

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The target populations for case management are children who are placed in out-of-home care that is planned temporary substitute care, determined to be necessary in accordance with DSS policy and regulations. These children are determined to be capable of participating successfully in a family setting.

The target populations for investigation and assessment are those children and families for whom the Department has received a report of abuse or neglect. Assessment is provided to families experiencing stress due to a variety of factors. This area is further discussed in Section IV.

The members of the Special Subcommittee requested and received from the Office for Children a list of foster care placement agencies, or private contracted providers who are licensed by DSS to approve and service foster homes and children who are placed in them. The lists state who is the licensee, the licensee's number, the facility and the facility's identification number. The list continues by giving another licensee name and number under the DSS licensee number and facility number, which is a DSS Area Office. The second licensee and the following facility are frequently the same agency. The following is an example of this procedure, with a fictitious private agency given for illustrative purposes.

Licensee #: 1234567
Department of Social Services
150 Causeway St.
Boston, Ma. 02114

Facility #: 1234567
South Norfolk Area Office
2180 Providence Highway
Walpole, Ma. 02081

Licensee #: 9876543
Children's Foster Care
1 Smith Road
Jamestown, Ma.

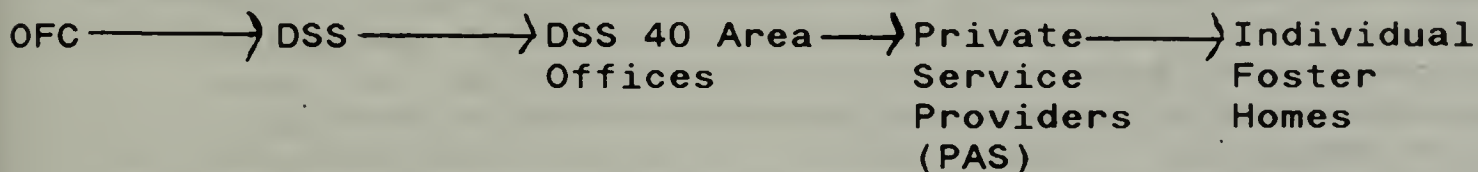
Facility #: 1435621
Children's Foster Care
1 Smith Road
Jamestown, Ma.

As noted above, the licensee and the facility are frequently one and the same, which is an area of concern to the Subcommittee members. For a licensee and facility to often be one and the same party does, or could potentially create, conflicts

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involving case responsibility, casework practices, supervision and monitoring roles and functions, accountability mechanisms, and objectivity in cost-effectiveness, evaluation procedures and quality assurance assessments. This process could also lead to duplication in roles and functions, and a lack of an in-place mechanism to detect problem areas.

All 40 DSS Area Offices are licensed by DSS, which has been previously licensed by OFC. The Area Offices each have private agencies within the area defined by DSS on a statewide basis. Each private agency, in turn, approves foster homes. A flow chart, or "chain" of the licensing process, is as follows:



The DSS PAS Initiative is a controversial policy that has been a topic of discussion among a range of interested groups and individuals. A main concern of the members of the Special Subcommittee is the often-cumbersome system and administrative levels through which public funding is processed, and the volume of personnel "layers" and seemingly duplicative administrative-and-worker-level job roles that this funding must penetrate to ultimately be used for direct care and services for foster children, abused children, foster parents, and families in need. The members are concerned about, and are actively reviewing this area, in order to determine how public expenditures are received by public and private agencies, how these expenditures are then processed and directed to provide quality services and resources to those in need, and precisely what are the interactive roles and functions between public and private administrators, supervisors, directors, and direct care workers receiving expenditures. There exists a parallel system between public and private servicing agencies at all levels. The members are analyzing all available information in these areas, to determine exactly to whom and for what reasons and purposes public monies are expended. The members are concerned that large amounts of public monies are expended for administrative purposes that are duplicative, and result in a loss of efficiency, cost-effectiveness, quality assurance of programs, cost-benefit analyses, and client-benefit analyses, and that not enough monies are expended for direct care programs, resources, and service delivery.

Information received by the Special Subcommittee indicates that, under the FTE, or PAS Initiative, public monies are provided by DSS to the private provider agency, in excess of the

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\$65,000 allocated per social work unit, for each case above the 18-case unit limit. Also, in reviewing private agency contracts, members of the Subcommittee concluded that it appears that the \$65,000 unit may be allocated to each social work unit, whether or not the social workers are carrying the full 18 cases. Therefore, private contracted agencies may receive the full \$65,000 for a full unit, when a social worker, or the agency, may be only carrying 15, 17, or 18, or any number of cases less than the full unit of 18 cases at any point in time. A review of the agencies payment lists through DSS indicates that many agencies are consistently overpaid for cases they are not servicing, for units that are not filled. Total overpayments are considerable for the years the lists of FTE payments are paid, and overall expenditures for service purchased greatly exceed the amounts allocated by contractual agreements.

Public social workers and supervisors appear to be duplicating the efforts and workload of private agency social workers. In addition, private agency social workers communicate with public social workers to seek information and assistance on work they are being paid to do. According to information received by the Subcommittee, "the state worker is the back-up for the contracted worker". There are serious problems in the supervision and monitoring of private agencies by the appropriate public personnel from DSS.

The members received information indicating that required visits by contracted providers to children in care, and progress reports on these children, are often very deficient, and inadequate. Another apparent problem is that, under current statute, and regulation, courts cannot award custody to private agency social workers, but can only award custody to DSS social workers. The implications of this problem area remain unclear, but will be further studied by the Subcommittee. A further discussion of these areas, and the court systems, is stated at the end of this section.

Information received from private contracted provider agencies, relating to the FTE model of programming and reimbursement, indicates that this system may provide some consistency in case management practices, but "it clearly does not work in terms of specialized or ongoing service delivery systems such as Therapeutic Foster Care and/or Adoption. In fact, the agency effect has been one of offering less service to the clients while being responsible for additional administration."

The information received by the Subcommittee questions the authority of DSS to transfer legally mandated responsibilities to private institutions. The following are areas of concern:

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1. There are no attempts to equalize caseloads between public and private social workers, and there are continued conflicts in labor negotiations between unions of public social workers, and private provider social workers.
2. Agencies are expected to service higher numbers of children, youth, and families, many of them needing intensive services, while at the same time receiving less amounts of funding.
3. There are problems with including legal services in the assessment of the caseload unit of \$65,000, as often legal services alone surpass this amount.
4. It is impossible to provide quality and effective services to increasing caseloads, for lesser amounts of funds, which results in a dilution of services. The correspondence states, "under the Partnership Agency concept, the number of hours available to service clients and a foster home will be reduced by nearly 75%, which will result in more high need consumers being exposed to a greater risk of abuse, neglect, and self-destructive behaviors."
5. The FTE model increases the "probability of cases getting lost in the system" and causes "vague divisions of areas of responsibility". DSS and a private agency may each have separate roles of responsibility for different members of the same family.
6. The FTE system has created communication and coordination problems, and as the PAS agency is required to set up a system that is parallel to that of DSS, there is duplication of, and an increase in, administrative responsibilities, and a consequent reduction of ability and capacity to adequately service clients.
7. The correspondence recommends that foster care and adoptive services be exempted from the FTE conversion process, and restored as purchase of services contracts, so that the "emphasis can once more be on service delivery and not on administrative functioning".

Other information received by the Subcommittee states that public social workers strongly believe that the PAS Initiative is ineffective and inefficient, and reduces the quality of care. Social worker unions are proceeding with charges of unfair labor practices against DSS, and are filing grievances relating to DSS' PAS project, and management's failure to keep the terms of contracts.

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The Department of Social Services regulations, 7.00, outline the Department's Purchase of Services. The regulations provide for procedures for delivery of services by providers- "every provider shall deliver services in conformance with the provisions of the contract". In addition, every provider shall utilize the eligibility criteria set forth in the contract or the Department's regulations in determining whether an applicant is eligible for the services enumerated in the provider's contract with the Department.

According to DSS' regulations, the Department provides services in two ways: through its' own direct service staff and from a wide variety of private social service providers. A further discussion of service provision is contained in Part B of this section, under the subsection on service delivery systems. Areas of concern are further discussed in the section on Findings and Recommendations, at the end of this section.

The purchase of services by the Department is governed by the Regulations of the Executive Office of Administration and Finance, 801CMR, 25.00, and 801CMR, 4.00.

2. Approval of Foster Homes Process,

The Department of Social Services defines foster care as "substitute care in a family setting, approved by an OFC-licensed placement agency, which provides 24-hour-a-day care, when the parent or principal caretaker is unable or unavailable to provide care on a daily basis."

The process governing the approval of a foster home is governed by regulations 110CMR: 7.103, Application to Become a Foster Parent. A person who fulfills eligibility requirements contacts the Department of Social Services for the purpose of applying to become a foster parent. The procedure is as follows:

- a. a file is opened by DSS for the applicant, and DSS provides an application and a written explanation of the procedures within 10 days
- b. the applicant must provide vital information, such as - other household members, cultural and language variations, criminal convictions, an agreement allowing DSS to conduct a CORI check, and other types of information

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The regulations provide for standards for approval of foster homes, including conditions requiring a safe home, adequate utilities and other physical attributes, and that the home have enough room to accommodate foster children. The regulations state, "the foster home may not house more than six foster children, exclusive of any other children in the home, unless this requirement is waived in writing by the Area Director."

In addition, the regulations state, "the foster home may not have any household member who would, in the judgement of the Department, pose a threat of abuse or neglect to foster children placed in the home, or who would impede or prevent the provision of adequate foster care in the foster home."

When the application is complete, the Department must respond within 30 days, followed by a "comprehensive evaluation and training program" by DSS. The evaluation includes:

- individual and group interviews with adult household members and mature children
- home visits
- personal references
- contact with licensed physician
- a Central Registry check
- a CORI check (Criminal Offender Record Information)
- a specific assessment of the applicant's ability to meet the special needs of any particular child
- DSS feels may be appropriate for placement
- successful completion of the DSS' training program

All relevant information received from the preceding process is placed in the applicant's file, and one of the following decisions is made within 10 days by DSS:

1. The home is approved, with conditions of care specified.
2. The applicant is not presently approved, but if specific changes are made, approval could be given.
3. The foster parent applicant is not approved.

Within ten working days of reaching the decision, the Department shall give written notice to the applicant. The regulations state the specifics of what is to be contained in the written notice. A copy of the notice is placed in the file.

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3. Agreement Between DSS and Foster Parents; Family Resource; Re-evaluation of Foster Parents and Foster Homes.

The members of the Special Subcommittee have been concerned about certain aspects of the agreement between DSS and the foster parents, which is implemented when applicants are accepted, and agree to become, foster parents. In its regulations, DSS has outlined the terms of this agreement. With input and impetus from the members of the Special Subcommittee, based on findings at public hearings, and through other correspondence, through findings of the EOHS Advisory Panel on Foster Care, and through its own initiative, the Department revised and updated this agreement in September, 1989. The Agreement outlines the mutual responsibilities between foster parents and DSS, and provides for an annual review as part of the foster parent re-evaluation. The main features of the agreement are as follows:

1. provide the foster parent with sufficient information about the foster child, prior to placement, so that the foster parents may decide on whether or not to accept the child; provide the foster parent with sufficient ongoing information to enable the foster parent to provide adequate foster care, and to meet the individual needs of the child
2. provide the foster parent with relevant training programs
3. assign a social worker who will be responsible for providing direct service to the foster child, his/her biological parents, support his or her placement in the foster home, and visit the child and the foster home at least once a month
4. assign a family resource unit social worker who will be responsible to provide support to the foster family, conduct evaluations, and prepare documentation, including significant changes in the home; the family resource social worker will visit the foster home at least once every two months
5. involve the foster parents in the service planning and implementation for the foster child; the service plan will include a statement of the services DSS agrees to render the child and his/her parents; foster parents receive a copy of the plan

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6. invite the foster parents to case reviews
7. inform the foster parents of the range and frequency of payments
8. provide a Medical Passport to foster parents
9. delegate to the foster parent the right to arrange for and authorize routine medical and dental care for the child
10. delegate to the foster parent the right to authorize appropriate school-related activities

The agreement makes other provisions in DSS commitment to foster parents, among them obtaining an Educational Advocate, recognizing the right to maintain child-rearing practices, as long as they do not conflict with the child's needs, and to make available to the foster parent the Department's annual re-evaluation as well as any other reviews or evaluations of the family foster home. DSS is to supply the foster parent with information on the procedures of requesting review of Departmental decisions, or filing a complaint or grievance, or requesting a fair hearing. DSS must also notify the foster parent at least ten days in advance of a decision and reasons for removal of a child from the foster home, or to close the foster home.

The Agreement states the provisions relating to foster parents, among them that the foster parent will:

1. provide a safe, nurturing and stable environment free from abuse and neglect
2. promote the physical, mental, and emotional well-being of the child as well as assist the child in reaching his/her potential
3. respect the religious, linguistic, cultural and racial heritage of the child and that of the child's birth family
4. support the reunification of the child and family or alternative permanent plan as indicated on the service plan
5. permit and support visits between the child and the parents or siblings as recommended by DSS, both within and outside the foster home

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The Agreement provides for other terms, such as not using physical punishment, participating fully in the implementation of the child's service plan, including goal development, tasks for foster child and self, and participation in case reviews. Also, the foster parents are to maintain confidentiality, participate in training, schedule appointments for routine physical and dental care, and other such appointments. The foster parents are to take care of the child's Medical Passport, and ensure that it is available at the foster care review, to serve as the child's Educational Advocate for special education, if appointed by DOE or DPH, immediately report to the family resource unit all significant changes in the home, and make sure additional placements of foster children by another agency will not be undertaken without the clear understanding and approval of the Area Office. The foster parents must also notify the Department when a child is to be removed, unless on an emergency basis, and must comply with DSS regulations and policies.

The Department's forms related to the Agreement include a form to be signed by all parties, a Child Placement Agreement, an Update, Child Progress Summary by Family Resource, and a Supplemental Reimbursement Request/Agreement.

Family Resources: In a recently updated policy, initiated by the Department of Social Services and a finding of the Special Subcommittee, DSS states, "on an annual basis, a Department family resource social worker and the family resource will together review the family's performance and experiences in providing foster care during that year." The policy, #89-001, updated in January of 1989, states the provisions of this process, which includes:

- a. meeting with the family resource
- b. input from the social workers
- c. criminal record and central registry
protective service checks
- d. contacts with references

At the completion of the re-evaluation, a decision to continue, modify, or discontinue the use of the family resource will be made. The resource can not be authorized to accept a new placement until the re-evaluation is completed. The timeframe for this is within thirteen months of the initial homestudy.

The family resource social worker has certain responsibilities to carry out in this review. Among them are to review placement agreements, update the placement history form,

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identify the social workers who have had children in the home over the past five years, meet with the foster parents, discuss areas of concern resulting from CORI or Central Registry checks, and obtain other information necessary to the evaluation. A new agreement is signed, upon completion of the re-evaluation.

When DSS learns of circumstances which could affect the family's provision of foster care, a limited re-evaluation may be conducted. The foster parents are notified of the re-evaluation, including reasons, timelines, and procedures. A summary is done, and a copy is sent to the family resource, or foster family, with a letter indicating the decision and appeal process instructions. A copy of the Family Resource Re-Evaluation Outline is in Appendix F. Further discussion of the service plan and other resources for foster parents and foster children is in Part B of this section.

The Office for Children regulations state that "the licensee initially accepting the child for placement (and the licensee placing a child in family foster care or group care, if different) shall enter into a written agreement with the parents of the child, or shall note the reason for failure to enter such an agreement in the child's record. ...the agreement shall not be inconsistent with any court order transferring custody of the child to the licensee." The remainder of the regulations specify conditions and terms, previously outlined in this section.

4. The Massachusetts Approach to Partnerships in Parenting (MAPP).

The purpose, intent, and scope of the MAPP training program was discussed extensively at the public hearings of the Special Subcommittee, at meetings, and through correspondence requested and received by the members. According to DSS, the MAPP program "provides a structured format through which prospective foster parents and adoptive parents can be prepared to work with agencies as team members in permanency planning. The MAPP reflects the belief that foster parents and adoptive parents need to be prepared -- prior to the placement of children in their homes -- to work as partners in permanency planning."

The Department's information on MAPP refers to the principle that "prepared foster parents are not only less likely to request a child's removal, but they are more likely to be a resource for children who have a wider range of special needs."

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They are also more likely to enable children to move out of foster care status into permanent placements. A preparation program helps them develop greater insights into the reasons for a child's behavior, decide what kinds of children and behaviors they can comfortably accept, prepares them for unexpected feelings toward foster families and birth families, and reduces disruptions."

Children in care present strong challenges, and many experience emotional, behavioral, and physical problems on a wide spectrum. Many have suffered sexual, physical abuse and neglect, and come from unstable family environments.

According to DSS, "persons wishing to become foster parents need a complete understanding of their role in permanency planning, and the rights and obligations that accompany this status. They need guidelines to function as partners in the delivery of foster care services. This partnership requires fulfilling tasks as diverse as helping a child go home or becoming that child's adoptive parent."*

The DSS information received states that MAPP combines foster parents and adoptive parents preparation, and couples the home study process with training or preparation, during a course of ten sessions. "The MAPP is designed to provide a foundation for prospective foster parents and adoptive parents as they move through the approval process to placement of children in their homes and, hopefully, placement stability."

Foster parenting involves the enactment of two simultaneous roles: parenting and substitute parenting.

The MAPP training content is based on certain assumptions--among them that each child is entitled to a continuous relationship intended to be permanent, that, for most children, the birth family provides the best environment; that, if this is not possible, the foster family should be provided as a service to children and parents according to a casework plan, and that "foster care is only a process or a service used to facilitate family reunification, prepare children for adoptive placement, or prepare youth to move into self-sufficient independent living." MAPP involves at least two home consultation meetings.

The members of the Special Subcommittee have proposed that MAPP training be adaptable to include societal and familial issues of today, such as substance abuse, domestic violence, AIDS, and that social workers, foster parents, and others, be involved in this training in a partnership approach.

* Above excerpted from MAPP, DSS, and the Center for Foster and Residential Care; Eileen Mayers Pasztor, Author.

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5. Criminal Offender Record Information (CORI) Report

According to OFC regulations, 102CMR:4.05, "each person employed by the licensee who has unmonitored contact with children shall have a background which, in the judgment of the licensee, is free of conduct which bears adversely on his/her ability to provide for the safety and well-being of children." Areas considered in this determination are:

1. The persons have children who have been adjudicated as being in need of care and protection.
2. The persons have used alcohol/drugs to the extent that impairment has occurred in the ability to care for children.
3. The persons have engaged in conduct that resulted in a criminal conviction included in a CORI report.
4. Any other conduct determined by the licensee to impair the individual's ability to care for children.

The regulations state that "a relevant CORI report will consist of those convictions which the Office for Children determines may affect the individual's ability to have contact with children in a licensed facility or agency. A relevant CORI report may consist of convictions for any offense involving sexual or physical abuse, any offense involving children, and certain violent or drug-related crimes. The licensee shall request a relevant CORI report for only those employees who will have unmonitored contact with children."

Unmonitored contact is defined as "being alone with one or more children for longer than five minutes in a licensed program with no other staff members or volunteer in the immediate area within sight or within hearing distance."

The procedures for obtaining and reviewing CORI reports are as follows:

- a. The licensee obtains a completed CORI affidavit from those designated as subjects of the check.
- b. Each licensee must submit to the Office the names of individuals identified for the check, with the completed affidavits.
- c. The Office provides the report to the individual, and notifies the licensee that the report exists.

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- d. Within five business days after receiving the notification, the individual and licensee review the report, so that the licensee can determine whether or not the conviction(s), if there are any, disqualify the employee from having unmonitored contact with children, or disqualifies the household from approval as a foster care home.

The licensee must ensure that employees, if there is an existing CORI report, will not have unmonitored contact with children until requirements are met.

In June of 1989, the members of the Special Subcommittee on Foster Care requested a meeting with the Commissioner and representatives of the Department of Social Services, and the Executive Director and Legal Counsel from the Criminal History Systems Board of the Executive Office of Public Safety. The purpose of the meeting was to clarify the process, implementation, and outcome of CORI checks performed on foster parents, and others working with children.

The members are also concerned about relevant issues such as:

- timeframes for the CORI checks
- responses to foster parents as a result of the checks
- channels of communicating the results of the CORI checks
- the existence of standards or guidelines or procedures governing the use of CORI information, once it has been obtained
- use of CORI information in the acceptance/denial of an application to become a foster parent, whether or not children are ever placed in foster care prior to the CORI check
- whether or not there are CORI checks periodically after children are placed in foster care
- whether or not the results of a CORI check mandates DSS to accept or reject an applicant for foster care approval

The members were especially concerned about a recent case in which a foster father was alleged to have been using foster children and teenagers in his care as subjects of pornographic materials, and was subsequently found to have previously been convicted on charges of indecent assault and battery, and unnatural and lascivious acts. CORI checks had not revealed the

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previous convictions, and subsequently, foster children and adolescents were repeatedly placed in his care.

The Department of Social Services, and the Criminal History Systems Board were each sent a complete list of questions prior to the meeting, in order to facilitate discussion at the meeting.

DSS submitted to the Special Subcommittee a DSS Policy, #86-014, which outlines DSS Central Registry and CORI check procedures for provider prequalifications. The CORI form is a two page form with three sections: Applicant Information, Past Conduct Explanation, and Electronic Mail Transmission Request. The provider, or applicant is the person who is to directly deliver services, and who is entered into ASSIST, and assigned a provider number. CORI checks are performed on each household member over the age of 18 years. The CORI check is carried out by a social/family resource worker. Within two weeks of a receipt of a request for a Prequalification Determination, the Central Office CORI unit will communicate the status - Prequalified, Not Prequalified or Referred to the Deputy Commissioner - to the Area Office.

At the meeting, the Commissioner of DSS stated that all foster parents receive a CORI check when they apply to DSS to request foster children to be placed in their homes. All adoptive parents and certain DSS "frontline workers" receive CORI checks. According to the Commissioner, "foster parents and adoptive parents may be asked if they have been an abuse perpetrator in the past, or if they have a past criminal record. DSS informs the foster parents of the CORI check."

The Department has a staff person who is the "link" between the requests by DSS for CORI checks, and the CORI Board. According to the Commissioner, "all information from the CORI check comes back to the staff person and is evaluated by him. Most evaluations relate to crimes against the person. DSS then makes an assessment of the information. After the evaluations and decision as to the use of the information, all CORI checks are shredded by DSS."

The members were told, in response to questions about the storage of CORI information, that information is stored on index cards that state general findings from the CORI check. The cards state only "that a problem exists, such as that a CORI finding on a person was negative." The files are "paper files", but a computerized system is currently being implemented. While the "paper file" may take two or three days, in most cases, CORI checks do take time to process, and at some point

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in time, the system has been backlogged by 4,000 cases, "because of the manual process required in the checks."

The CORI Board receives 1,750 requests for checks a week, or 250 a day, usually non-criminal justice checks.

Representatives from DSS stated that there is a legislative proposal supported by DSS that would expand the current information received by DSS to include juvenile and arrest information, especially for sexual abuse cases when there are arrests, but perhaps not convictions. The Department of Social Services spokesperson stated that sex offenders, who are charged but are not convicted, are a problem to the Department. The legislative proposal filed would address this problem, by giving DSS access to information they currently do not have.

The Commissioner of DSS stated that all information received from a CORI check is evaluative information. The Department may conduct some further evaluations and investigations, if it considers this to be necessary, and depending on the information received from the CORI check. The staff person who is the DSS link to CORI checks may pass the information on to the Deputy Commissioner, who then further evaluates the information. The Department has some discretionary powers in how some of the CORI information is used in determining acceptance or denial of a foster care application. All information must be evaluated as positive before persons are allowed to become foster parents.

At the meeting, Representative Marie Parente referred to an anonymous letter received by the Special Subcommittee from a social worker, which stated that foster parents may receive a foster child into their home, prior to a CORI check. The foster parents who were the subject of the letter had a foster child placed with them, but did not receive any payment for the care of the child. When the foster parents asked the Department about this, they were told that they could not be paid until they had been given a provider number. However, they could not receive a provider number because their CORI check had not been completed.

The Commissioner responded that this family had been foster parents on a prior occasion, but that when foster parents return to the system, they are treated as new cases in the system, and must again receive a CORI check. Many cases that are child-specific, that is, when the child finds the home, do not receive a CORI check before a child is placed.

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In the case of the foster father who had been accused of exploiting foster children for use in pornographic materials, and who had a previous record for child molestation, the Department was uncertain as to how this record had not appeared on the CORI check. While the foster father did have a previous record, this was not indicated in the CORI check. A prior CORI check on the foster father had not shown any information on his previous convictions. The Department stated that efforts are being made to correct this problem, and to ensure that CORI checks are thorough and accurate.

The Department of Social Services spokesperson stated that approximately 5% of the CORI checks lead to applicants being rejected.

If a negative CORI check is indicated on a foster parent application, the Department evaluates this result, along with information received during the home study, evaluates the child and the relationship of the providers, and any other information that may be of value in making a final decision on the providers' ability to ensure a stable environment for the child in question. Information received through CORI checks by the Department are confidential.

In November, 1988, the Office for Children checked the records of 4,160 applicants for jobs in substitute child care facilities, including group homes, emergency shelters, and foster care and adoption placement agencies. The review indicated that there were 44 convictions, including aggravated rape, armed robbery, assault with intent to murder, and kidnapping. Persons who were employed in OFC-licensed facilities, such as day care centers and youth group homes, prior to screenings that began in 1987, have not received CORI checks.

6. Statewide Foster Parent Recruitment Campaign

In January of 1986, DSS initiated the Foster Parent Recruitment Campaign, and coordinated efforts with DSS Central Office, six Regional and forty Area Offices, to communicate with the general public concerning the need for foster care homes.

As a result of this campaign, according to the Department, over 6,000 foster parent recruitment/recognition initiatives and events were conducted. The Department received 5,300 inquiries from prospective foster parents. The Department added 2,037 new foster homes during this period - approximately one-third were regular foster homes, and two-thirds were child-specific.

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The Department stated that foster parent recruitment efforts are a top priority. The Foster Care Recruitment Task Force was formed in January, 1984, and currently meets on a monthly basis. "The foremost goal of the Task Force is to establish a structure for effective communication among Central, Regional, and Area Offices." The initiatives of the Campaign include media outreach, community outreach, and training programs for foster parents.

The goals and objectives include:

- a. reaching out to the general community to present a positive image for foster parenting
- b. project the foster parent recruitment hotline number
- c. support and retain existing foster families; recruit new foster families
- d. educate the public about foster care

According to DSS, "the objective is to have a varied pool of foster family resources to meet the needs of children and to match children to families. In this way, the ultimate goal is to improve foster care service and delivery".

The Department has also produced two ten minute videos on foster care recruitment. The Department's initiatives in this area have resulted in an award in 1988 from the American Public Welfare Association for being "one of the best public human services programs in the country."

In the fall of 1988, DSS initiated a new effort to recruit foster families through the state's school systems. The project is called, "One School, One Child" and involves 75 school systems. The program focuses on increasing interest among parents, teachers, and other school personnel for foster parenting. The project is designed to educate students about foster care issues. The program is supported by DSS, the Department of Education, the Mass. Teachers Association, and the Mass. Federation of Teachers.

According to DSS, "between October, 1989 and March, 1990, each DSS Area Office will approach schools and school systems in their communities to involve them in various initiatives to promote awareness and interest in foster parenting."

Recent increased numbers of children being removed from their homes, many forced to leave due to abusive conditions, or due to combinations of violence, substance abuse, and other harmful factors, are creating a negative impact on child protection services and the foster care system. There are not

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enough foster homes to meet the increasing demand and need for them, especially for specialized foster care required by the growing number of children coming into care who have AIDS, or AIDS-related illnesses, or who are born drug-addicted or with drugs in their bodies.

According to the Massachusetts Committee for Children and Youth, "there are not enough foster homes or residential care facilities for children. Some children are living in a series of emergency shelters, and many are ending up on the street or remaining at home when this is not necessarily in their best interests. From recent DSS figures, there are hundreds of adolescents, minorities and special needs children without appropriate, or any, placement."

The current fiscal conditions in the state are further contributing to the problem of recruiting new foster parents in attempts to meet the serious demand for substitute care for many very needy children. Fiscal constraints, coupled with the increasingly complex needs of children entering care, are creating a two-pronged negative impact on the foster care system that is rapidly becoming a problem of critical proportions. Funds are needed to recruit, train, support and reimburse new foster parents. There is a serious need for specialized foster parents and a range of new foster parents.

Recent reports from the Department of Social Services indicates that the problem has become so severe, particularly in areas of the state such as Boston, Lowell and Brockton, that DSS officials are conducting a recruitment drive to obtain at least 100 new foster homes. The campaign features public service announcements, speaking engagements, and televised messages urging persons to become foster parents.

The Department states, "over the past three years, the number of foster children entering the system has been growing, increasing from 1,047 in 1988 to a projected 1,394 by the end of 1990." In Boston, there are nearly 1,700 children living in 1,300 foster homes in that area. In Boston alone, approximately 25 children a week are removed from their homes. Social workers in Lowell have had to find homes for 320 children, about 50 more than were needed in 1989. The Brockton DSS office currently has 276 children in foster care, and has also increased its efforts to recruit more foster homes. All three communities state that children coming into care are increasingly younger, and who are coming from homes where parents are abusing drugs. The Department is increasingly taking children into custody from homes where there are 4 or more siblings. Many of the children are also suffering from AIDS, HIV-infection, or birth defects related to mothers who use drugs during pregnancy.

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According to DSS, "these numbers underscore the need to recruit more foster parents for infants, toddlers, and pre-schoolers and to provide information and training to prospective and present foster parents on the problems associated with exposure to drugs, HIV and the high risk of AIDS."

7. Massachusetts Association for Professional Foster Care - MAPFC

The MAPFC was incorporated in 1986, "to ensure that the needs of children and all participants in the substitute care system are met. The MAPFC was created as a positive communication network among foster parents, social workers, and agency administrators that allows for teamwork and mutual support and education." MAPFC has programs that support those foster parents already working with children, and encourages other qualified individuals to join their ranks.

According to the Annual Report of the MAPFC, the mission of the Association is "to ensure that the needs of all the participants in the substitute care system are met - children, foster parents, adoptive parents, legal risk parents, social workers and other concerned individuals." The goals of MAPFC are to support foster parents by:

1. Offering educational and training programs to promote effective foster parenting.
2. Providing a direct link between substitute parents and agencies.
3. Working on behalf of both parents and agencies to ensure they have the resources they need to function effectively.

In order to better assess the issues of importance to its members, the MAPFC conducts a membership survey each year. The survey includes questions relating to expanding services and benefits to members, and areas in which the Association is interested in focusing its advocacy efforts. Some of these issues are:

- after hours emergency hotline for foster parents
- increasing the clothing allowance for foster children
- increasing reimbursement rates, and the compensation for foster parents who care for severely medically involved children
- expanding the amount of mental health and health professionals who will accept Medicaid payments

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- expanding drug and alcohol services available to children and adults
- decreasing the length of time it takes to complete adoptions
- increasing foster parents impact in the courts
- increasing community based services and community mental health services
- increasing welfare benefits, housing, etc.
- make ongoing training mandatory for foster parents
- limit the number of children under 2 years in foster homes
- establish caseload limits for family resource workers

Other main areas of concern to foster parents involves receiving adequate information on children placed in care, being listened to by social workers and others when expressing concerns, and receiving adequate support from resource workers, social workers, and liaisons.

In cooperation with DSS, the MAPFC offers these programs:

MAPFC/DSS Liaison Project

The Liaison Project is the first program of its kind in the country. Through this program, foster parents are supported by other foster parents, "the Foster Parent Liaisons", who work "in conjunction with DSS Staff Liaisons...by providing a direct link between substitute caregivers and agencies."

There are Area Foster Parent Liaisons that are a resource/advocate/support for foster parents. The Liaison makes himself/herself available to foster parents to help them by communicating with them about concerns, and enhancing the understanding and communications between agencies and foster parents in order to encourage more responsive fostering. The Liaisons advocate for foster parents and children, and help in recruiting new foster parents.

Respite Exchange Program

This program is a service to foster parents, funded by the Department of Social Services and provided by MAPFC. The program provides for foster parents to obtain temporary care for their foster children from other foster parents for up to ten days a year. Foster parents exchange the respite care with one another. The program identifies a respite placement that best meets the needs of the foster children.

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8. Homefinders; Social Workers; Supervision

Homefinders: The homefinders are staff persons from the Department of Social Services whose responsibility it is to recruit foster parents, work on training sessions with them, and provide ongoing support to foster parents. Homefinders are social workers who provide support services for foster parents, and coordinate efforts with caseworkers. According to DSS, homefinders provide a twofold purpose: to "find" foster homes, and help support existing homes in meeting the family's needs.

The Office for Children, in their regulations 102CMR, 4.13, states the "Assignment and Responsibilities of the Social Worker or Homefinder/Family Resource Worker". The regulations outline these responsibilities:

Each foster home shall be assigned a social worker or homefinder/family resource worker who shall:

- a. be responsible for providing direct services to the foster family
- b. visit the family in the foster family home at least every two months
- c. assist the foster parents with any matters concerning the foster parents or their family about which the foster parents seek help. Such assistance shall include the obtaining of services provided by the licensee and aid in applying for other services
- d. determine on each visit whether the child is receiving health services in accordance with regulations
- e. within 24 hours notify the social worker of each child placed in the home, of any significant changes in the status and health of the foster family household members.

The Agreement Between the Massachusetts Department of Social Services and Foster Parents states that the Department agrees, on their part, to "assign a family resource unit social worker who will be responsible to provide critical support to the foster family, conduct evaluations, and prepare documentation as required by policy, including any significant changes in the home such as death, divorce, serious illness, etc. "which will be immediately communicated to the child's social worker). The family resource social worker will visit the foster home at least once every two months.

The Department informed the Special Subcommittee members that DSS has re-allocated staff persons in order to increase the

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capacity of the Family Resource Units. The 193.4 family resource staff are responsible for area office recruitment, training, homestudies, re-evaluations, and the provision of support to foster parents. According to the Department, there are 2.5 homefinders for each foster parent.

The members of the Special Subcommittee requested information from DSS regarding the training and education of homefinders, and whether or not the training of homefinders is similar to that of social workers. The Department responded that homefinders - now known as Family Resource Social Workers, must meet the same academic requirements as ongoing social workers. This consists of a Bachelor's Degree and receiving DSS training.

The members are also concerned about caseload/workload standards for Family Resource workers, and a determination of an exact definitional role and functional clarification of the responsibilities and duties of "homefinders". The members are concerned about the frequency of visits between the Family Resource workers and foster children, natural parents, foster parents, and the coordination of efforts between these workers and other social workers, and other agency workers on an inter-agency basis. The members of the Special Subcommittee heard at public hearings that the role of the "homefinder" should be strengthened to include more training, foster care review, and more frequent monitoring visits.

The Department responded to these concerns, in part, by stating that DSS management and union staff are working on caseload standards for Family Resource workers. The Employee Performance Review System form outlines specific duties for the Family Resource Social Worker.

Social Workers: According to the regulations of the Office for Children, 102CMR:4.06, "the licensee shall provide social services to all children in care and to their families pursuant to the service plan described in 102CMR 4.08." The regulations further outline the provision of social services:

- a. Social Services may be provided by staff employed directly by the licensee or by staff employed through agreements with other agencies.
- b. The licensee shall assure that there is assigned to each child in care and each parent of any child in care a social worker who shall be responsible for providing direct services to that child or family and for coordinating other services provided to that child or family.

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- c. If the social worker assigned to the child is different from the one assigned to the parents or the foster family, the licensee shall arrange for consultations between the social workers after each visit. The consultations shall include, but not be limited to, the monitoring of any significant changes in the status and health of the parents or foster family household members. The licensee shall specifically designate one of the social workers to monitor progress in the efforts to reunite the family.

The regulations state that social work staff shall "direct his or her efforts toward implementing a permanent plan for the child as expeditiously as possible." The social worker's responsibilities include maintaining contact with the child and family while the child is in foster care, for the purposes of:

- a. assisting the child and family in adjusting to placement and separation
- b. developing a visiting plan and encouraging the family's continued interaction with the child in accordance with the service plan
- c. informing the family of the child's progress
- d. helping the child cope with problems experienced in the family foster home or group care facility
- e. mobilizing parents' strengths and resources to help parents participate in planning for the child's return home, if this is the plan
- f. helping parents obtain services needed to make it possible for the child and family to be reunited
- g. in the event of a change in assignment of social workers, ensuring continuity of planning for the child and family

The licensee should assign social work supervisors to its social work staff, whose responsibilities shall include conducting regularly scheduled supervisory sessions to assure the best possible service for each child, to appraise the job performance of, and promote the professional growth of the social worker, and to provide continuity of planning for the child and family.

The licensee is responsible for specifying the frequency of social worker visits with the child, the child's family and the foster family in the service plan, but "in no event shall such visits be made less than once per month." The social

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worker, at each visit, must determine whether or not the child is receiving health services. "The visits between the social worker and child shall take place in the child's foster family home periodically and shall include communication with the foster parents and other household members."

The members of the Special Subcommittee are concerned about the development of standards, and adherence to such standards, for social workers' case management, and are concerned about endeavors to assure that DSS social workers have the same licensing and continuing education requirements as non-public social workers.

The OFC regulations, 102CMR, 4.13, state a requirement for an annual review, "the licensee shall annually review in person with each foster parent his or her performance and experiences in providing foster care during that year, including review of responsibilities outlined in the general foster parent agreement, and shall provide each foster parent with the results of the review in writing. The foster parent may dispute the results of the review in writing, which shall become part of the foster parent's record." Social workers participate in this review as part of their functional capacity as social services workers in the foster care system.

The Department of Social Services regulations, 110CMR, 7.113, also provide for an annual evaluation of a foster home.

Foster parents, parents, and staff members shall be provided with information on grievance procedures by the licensee. The procedure should cover "the receipt of, consideration of, and decision upon complaints and grievances from parents and foster parents."

The grievance procedures include the opportunity for parents and foster parents to be availed of at least one level above the staff line and their immediate supervisors, and an administrative review or reconsideration of decisions rendered. Written records of all such procedures shall be kept by the licensee.

Evaluations of foster parents, foster homes, and the procedures for maintaining the rights of foster parents, and the grievance procedures for foster parents, are discussed in this section as they relate to the involvement of social workers. A more thorough discussion of procedures for protecting and maintaining the rights of foster parents, and grievance procedures for foster parents, is contained in Part B.

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9. Foster Care Review (FCR)

The Department of Social Services regulations, 110CMR, 6.12, state the specific features of a foster care review:

1. Requirement: The Department shall conduct a FCR within six months after a case is opened and every six months thereafter.
2. Content: A FCR shall include consideration of the following issues:
 - a. the necessity and appropriateness of the services to the family
 - b. a review of the purposes of the service plan
 - c. a review of the past 6 months activities, including the Department's fulfillment of the tasks identified in the service plan
the parent's fulfillment of the tasks identified in the service plan, including the visitation schedule
the provider's fulfillment of the tasks identified in the service plan
where appropriate, the child's fulfillment of the tasks identified in the service plan
progress made toward resolving the problems identified in the assessment or previous case review
 - d. a review of the necessity and appropriateness of the child's continued placement
 - e. a review of the extent of the progress made toward alleviating or mitigating the causes necessitating the child's placement
 - f. a review of the projected date by which the child may likely be returned to his parents or guardian, or placed for adoption, or have a guardian appointed other than the Department or its agent
 - g. a review of the proposed direction of service planning for the next six months, including:
the steps necessary to achieve permanency for the child
the visitation schedule for the parents and the means by which the schedule will be implemented

The remainder of the regulations relating to the FCR outline the structure and format of the Foster Care Review, the participants, the responsibilities of social workers, supervisors, Area Directors, responsibilities of the Foster Care Review Unit and panel members. The regulations also state the determinations to be made by the panel, and conditions when the panel disagrees with the service plan. The regulations also state the appeal process when there is disagreement. The Foster Care Review section of the regulations lists the responsibilities of the social worker, among them:

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scheduling for the case review
ensure that a current service plan is available
discuss any change in the service plan
attend the case review and provide information about
the service plan
write a service plan for the next six month period
discuss the pending case review with parents, foster
parents and the child prior to the review

Regulations state that the review shall consist of a
three member panel, consisting of:

- a. a member of the FCRU, who shall convene and chair
the panel
- b. a person who may or may not be a Department employee,
provided that such person may not be the social worker
or supervisor of the case under review
- c. a volunteer - the regulations provide certain condi-
tions for the participation of a volunteer:
 - i. to represent as much as possible the various
socio-economic, racial and ethnic groups served
by the panel
 - ii. the volunteer has attended FCRU orientation and
training sessions
 - iii. the volunteer is not an employee of the Department
 - iv. the volunteer is not an employee of, or board
member of, or volunteer of, a contracted agency
providing services to the child or family
 - v. the volunteer and the family do not know one
another
 - vi. the volunteer has signed an agreement to be a
review member, and acknowledges the circumstances
that could lead to termination or non-renewal of
the agreement
- d. the format of the review may vary depending on the
family's needs and circumstances, and the number of
participants in the case review; guidelines for the
review are: it shall be a structured discussion and
all participants are encouraged to participate and
express their views.

Those persons who are to be participants should be noti-
fied in writing to attend the case review, prior to its sched-
uled date. Such persons are:

- a. parents of the child in placement, unless parental
rights have been terminated or surrendered, or un-
less the parent has a documented history of violent
or assaultive behavior; parents may invite other
persons for support, including an attorney if one is
desired

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- b. a putative or unwed father, under certain conditions specified in the regulations
- c. the child, if fourteen years of age or older, unless the child is a danger to him/herself or others, or other prohibitory behavior
- d. the social worker assigned to the family and children
- e. the supervisor
- f. foster parents
- g. substitute care provider
- h. the child's attorney or Guardian Ad Litem
- i. staff of other public or private agencies and other individuals important to the child or family

Any invited persons who are unable to attend may submit written comments.

The Department of Social Services operationalized the Foster Care Review Unit on July 1, 1985. By April, 1987, the FCRU was conducting reviews in every Area Office. In FY88, 10,664 reviews were conducted. According to DSS, "foster parents' involvement in the social services delivery process has been increased as they now participate in service planning for their foster children and they are essential participants in the six month case review.

Chapter 197 of the Acts of 1984 enacted into law, An Act Providing for Foster Care Review, in the Commonwealth. The provisions of the Act include:

- a. directing the Commissioner of DSS to appoint a foster care review director, who shall establish an independent foster care review unit
- b. that the director shall appoint members of the unit; who shall be employees of the department, and who shall devote their time exclusively to case reviews
- c. that the unit shall conduct administrative case reviews of the status of each child in the care of the department at least once every six months
- d. that at least one member not be an employee of the department, and that members be representative of the various socio-economic, racial and ethnic groups
- e. that no panel member be the social worker with direct case responsibility for the child
- f. that panel members have sufficient experience or training to enable them to make recommendations

The statute states provisions similar to those found in the regulations previously cited. The final section of the

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statute provides for an amendment to Chapter 119, section 24, of the Mass. General Laws, which adds:

Any child may be committed to the department under this section without a hearing or notice with the consent of the parent or parents or guardian.

The Department of Social Services has recently drafted (12.21.89) guidelines for the progress review process involved in the foster care review. The guidelines include the definition of a progress review - "a review which can be conducted in an abbreviated format. These reviews can include cases where the permanent goals of adoption, guardianship, supportive living and independent living are well established and there are minimal barriers to achieving the goal." The criteria for selecting the case for a progress review are stated in the guidelines, as are procedural guidelines for conducting the review meeting. Forms for stating the narrative part of the review are attached to the guidelines.

Members of a social workers' union requested a meeting with Representative Marie Parente to express their concerns about a recent proposal regarding the foster care reviews. If adopted, the DSS proposal would allow volunteers to conduct and direct the foster care reviews. This proposal would seem to violate union contracts, and to violate statutory and regulatory provisions with regards to training, expertise, and that the director's role be a full time job. The members of the union stated that the proposal creates professional and union concerns. While DSS has experienced funding cuts for the foster care reviews, the union members stated that placing a volunteer into such a professional position would be a "short-term solution with long-term negative consequences to kids." The union members stated that they are not concerned with the volunteers performing their current function on the review teams, and that these volunteers carry out a vitally important function on the teams. However, placing volunteers in a professional capacity is a cause for serious concern in that a case reviewer needs to have background and knowledge in child welfare services, placements, and other professional knowledge related to this job. Currently, most reviews are conducted by case managers or supervisors. The union members stated that the proposal would be a "scaled-down" version of the foster care review, and would be called a progress review, described in the previous paragraph.

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While the role of the citizen-volunteer is very important to the foster care review process, the members are concerned that having this person direct and conduct reviews without the appropriate expertise and professional knowledge would compromise the intent and goal of the reviews - that is, to determine the best possible placement, services, permanency plan, and other aspects, that are on behalf of the child, and in his/her best interests. The members are concerned that by scaling down the current process, into a "mini-process", progress and placement/servicing outcomes of the child could be jeopardized, and could be in violation of current statutory and regulatory provisions. The members of the Special Subcommittee are researching this area, as it relates to Massachusetts statute and regulation, and as it relates to federal requirements used to determine eligibility for federal reimbursements. Foster care review funds are available from the federal government, when certain requirements are fulfilled by states. This area is further discussed under the section of the report on the Child Welfare Act and on Titles IVB and E.

The Department of Social Services FY90 budget appropriations call for a 10% reduction in funding for Foster Care Review services.

Area Based Case Review (ABCR)

Requirement: An ABCR will be conducted by DSS within six months after a case is opened and every six months thereafter.

Content: An ABCR shall include consideration of issues that include services that are being provided, a review of the goals of the service plan, and a review of the last six months activity. The Review shall also include a discussion of the direction of the service planning for the next six months. The persons who are to participate in the review are similar to those who are in the Foster Care Review: parents, mature child, if this is so, other children in the family, the child's attorney, or guardian, and service providers. The responsibilities of the social workers are similar to those found in the FCR.

The following pages contain the findings and recommendations of the members of the Special Subcommittee relating to the issues stated in Part A of this section. Some of these areas were preliminarily discussed in Volume I, but are expanded on in Volume II. The findings and recommendations are

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based on evaluation by the members of information received at public hearings, through correspondence and at meetings, and through follow-up research and requests for information.

Some of the recommendations relate specifically to certain identified problem areas; others are stated as concerns requiring further study and review. In some instances, recommendations stem from the combined efforts of DSS, OFC, the Advisory Panel Report of EOHS, and the Special Subcommittee on Foster Care. While the Department of Social Services has made positive, forward-moving initiatives and changes, there are areas that still require further efforts and extensive modifications to continue improvements to the foster care system.

Part B of this section will discuss issues such as the location and distribution of foster homes and foster children statewide, and by areas of the state, needs of children in foster care, preventative services and intervention programs, information and support services provided to foster parents, permanency planning, service plans, types of foster homes, and the range of services and programs needed by children in foster care.

Section II: THE FOSTER CARE SYSTEM, PART A
FINDINGS AND RECOMMENDATIONS

A. Licensing, Approval, and Monitoring of Foster Care.

1. Licensing Procedures. 2. Approval.

a. The foster care licensing and approval process consists of the conveyance or transfer of the licensing authority and process from OFC to DSS. There are no enabling statutory or regulatory provisions for this conveyance.

The Subcommittee recommends that there be statutory and regulatory provisions established and implemented to clarify, define, and implement the interactive roles and responsibilities between OFC and DSS. The Special Subcommittee is concerned about this transfer of authority, and recommends an independent study in this area. The conveyance of authority, or mutual sharing of this responsibility, and the purpose of the conveyance, must be explicitly stated by statute, regulation, and policy.

The enabling statutory and regulatory provisions, if it is determined that they should continue, should specify the exact nature, content, and format of this conveyance, and should either reduce and eliminate the regulatory duplications currently in existence, or specify interagency responsibilities.

b. It is difficult to discern exactly which agency, DSS or OFC, is directly responsible for licensing private contracted service providers (PAS), and to comprehend the cumbersome layers in the licensing-approval process, in the regulations, and in the OFC statutory mandate.

Statutory and regulatory provisions must be enacted and implemented that would clarify direct lines of responsibility, channels of communication, information-sharing, supervision and monitoring, approval of foster homes, and the provision of services and resources to foster parents, natural parents, and foster children.

c. Under current practice, OFC licenses DSS Central Office, which licenses DSS Area Offices, which, in turn, license private service providers, which, in turn, approve foster homes and placements of children in these foster homes.

The direct lines of supervision, monitoring, authority, and coordination in the licensing and approval process, must be clarified and defined, in order to facilitate and streamline the process, the approval of foster homes, the provision of services, and to improve the placement and supervision of children in foster homes.

Section II: Findings and Recommendations

d. The OFC definition of approval of foster homes states that an approval is a certificate "issued by the Office to a department, agency, or institution of the Commonwealth...which authorizes it to operate a placement agency."

The definition of approval as stated in the OFC regulations must be amended and redefined. The above definition would seem to be more appropriately used to describe a license that is received by DSS Area Offices, which are public agencies, or a placement agency, which is a private contracted provider agency. The term approval does not apply to any of these, but is used to describe the status of a foster home only, by both OFC and DSS statute and regulatory provisions.

e. The OFC definition of approval refers to "a department, agency, or institution of the Commonwealth...which authorizes it to operate a placement agency." Private contracted service providers, or as currently referred to, PAS, are not "of the Commonwealth" as they are not public agencies.

These terms must be clarified and redefined according to the specific roles and functions performed by each person, or entity, along the routes of authority, responsibility, lines of communication, monitoring and supervision. While DSS Area Offices are not approved, but are licensed, they are not always direct placement agencies. DSS Area Offices often use PAS agencies in the placement of children in foster care. Current definitions, terminology, functional roles and responsibilities should be reviewed and revised.

f. OFC regulations define a license as a "certificate... issued by the office to any person other than a department, agency, or institution of the Commonwealth or any political subdivision thereof, which authorizes such person to operate a placement agency." A licensee is "any person holding a license or approval issued by the Office."

The phrase "to any person other than..." should be clarified and redefined, as clearly OFC passes on its licensing authority to the Department of Social Services, Area Offices, and PAS agencies, in some instances of licensing, which are combinations of public and private agencies. Also, no one person is a licensee, therefore this also must be clarified and redefined.

Section II: Findings and Recommendations

g. The OFC regulations state that the Office shall, "upon receipt of an application for a license or approval...inform the applicant of the steps it will follow in reviewing the application." The regulations proceed with directions OFC will take in conducting a review, which are similar to those taken by DSS.

This area must be clarified as to who actually conducts the review of the application, who is filing the application, who will be licensed to provide what specific services, and who is the specific recipient of the license.

h. The OFC regulations state that the Office "shall issue or renew a license or approval if it finds that the applicant is in compliance with these regulations."

The distinction between license or approval must be clarified, as they are two clearly separate components and functionary roles in the licensing-approval process. Also, persons or agencies who are licensed and approved are two clearly distinct categories of persons. Regulations must be clarified as to who is the "applicant".

i. The OFC mandate contained in Chapter 28A states that the Office shall, "establish regulations for the licensing or approval of...foster care which is not supervised and approved by a placement agency, placement agencies and group care facilities..."

The statement, "foster care which is not supervised and approved by a placement agency...." is confusing and should be amended to include clarification of the phrase "not supervised and approved by a placement agency."

j. OFC regulations provide for the licensing-approval process as a mandate for the Office for Children and this process has been conveyed to the DSS-Private Agency chain.

The distinction between the statutory and regulatory mandates of OFC and DSS must be clarified.

k. It is unclear if OFC has two sets of foster homes - one set that OFC directly licenses, and one set wherein OFC conveys the licensing process to the DSS-PAS chain. Lists received by the Special Subcommittee from OFC indicate that the latter is true.

Section II: Findings and Recommendations

The coordination and interactive functions and roles between OFC and DSS must be clarified and streamlined, and any duplicatory standards of practice and process be reduced and eliminated, in policy, procedure, statute and regulation.

l. Section 10 of Ch. 28A states that, "the Office shall issue a license to any organization incorporated under Ch. 180 which meets applicable standards and requirements to establish and maintain a placement agency."

Again, the role and function of DSS Central Office and Area Offices are absent from the mandated procedures for licensing-approval of foster homes, and should be explicitly articulated. The dual roles and functions of OFC and DSS should be explicitly defined within the framework of the full range of the licensing-approval process.

The direct responsibility and procedural guidelines inherent in the Area Offices-Placement Agencies relationship regarding the licensure-approval dialogue must be explicitly stated in regulation and statute.

m. OFC regulations further state that the licensee has the authority to place children in foster care under certain conditions, one of them being, "a contract with any agency legally authorized to provide foster care or group care".

This area should be clarified and defined with regard to specifically who the licensee is, what specifically is the OFC relationship and authorization with regard to a private agency, and in its applicability to the statement, "contract with any agency legally authorized to provide foster care..." Neither OFC, nor DSS, nor private agencies provide foster care directly, therefore this area lacks specifics about what the direct, exact relationships are between all parties involved in the licensing, approval, and provision of foster care to children in placement.

n. The members of the Special Subcommittee are fully cognizant of, and strongly supportive of, the premises that foster care provision to children is a mutually shared responsibility and partnership among several varied persons and parties.

Roles, functions, standards, guidelines, policies and procedures should be defined and clarified, so that effective and efficient oversight, monitoring, supervision and the provision of services to children can take place consistently.

Section II: Findings and Recommendations

o. The Special Subcommittee fully supports the continued DSS endeavors to license all 40 DSS Area Offices, which has recently been completed.

The members recommend that all measures be taken to ensure continued monitoring and supervision, coordination and communication between the Office for Children, the Department, and the Area Offices, and that periodic reviews and evaluations of each link in the licensure-approval process take place on a regularly stated basis.

p. According to information requested of, and received from, DSS, by the Special Subcommittee, "the Office for Children has to license private providers before foster care services can be provided".

The vehicle, or mechanism, by which OFC either directly licenses private providers, or by which OFC licenses DSS Area Offices to license private providers, who, in turn, approve foster homes, should be clearly stated and defined, with inherent guidelines outlined in the vehicle.

q. The Special Subcommittee was informed that DSS' private agencies have separate lists of foster homes from those maintained by the Area Directors.

These lists should be coordinated, and periodically reviewed to ensure that they are all licensed and approved, that placements of children and the provision of services to them are effective and efficient, and that mutually responsible roles and functions are clearly designated.

r. In requesting clarification of the specific processes involved in the licensure-approval chain, and the specific persons facilitating these processes, the Special Subcommittee was informed that "foster homes are licensed by private providers contracted by DSS, and DSS approves, supervises, and monitors each individual foster home".

This area must be clarified with regard to the obviously missing OFC role in this process, and the mandate of DSS to approve, supervise, and monitor individual foster home, when, in fact, private agencies perform this function through contracts with DSS.

As DSS is a public agency whose mandate is to care for and protect children in its care, the responsibilities of

Section II: Findings and Recommendations

DSS, its role and function, and its direct relationship with foster children, must be maintained and preserved in the licensure-approval processes.

s. The Special Subcommittee was provided with information from DSS stating that Area Directors who are licensed, visit private agencies on at least an annual basis.

This causes serious concern, as direct supervision, monitoring, and oversight must be provided by DSS on a more rigid, regularly scheduled routine of frequent visits and open channels of communication.

t. A communication from DSS states, "all 40 DSS Area Offices are approved to operate as placement agencies by the Office for Children and as such, are bound by the requirements of the Office for Children."

The discrimination between the definitions of licensing and approval must be clarified, as only individual foster homes are approved. In addition, the distinction between Area Offices as placement agencies, and private providers as placement agencies, and the respective functions, roles, and mandates of each, must be defined and clarified.

u. DSS informed the Special Subcommittee that, "each DSS Area Office must follow DSS regulations and case practice pertaining to foster care".

The mandates of OFC, and private agencies with regard to adherence to regulations and case practice must be clearly delineated and defined.

v. The Department of Social Services states that DSS has "created a regulatory framework for the foster care system which clarified the roles of the social worker, foster parent, and family resource worker as professional members of a team to deliver services to foster children and their families."

While the members of the Special Subcommittee strongly supports this statement, and commends DSS for initiatives taken to adhere to these principles, further clarification and definition of roles, functions, statutory and regulatory mandates, responsibilities and monitoring must take place to ensure effective and efficient provision of services to foster children and foster parents.

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w. At public hearings, the members heard that there are foster homes approved as "temporary" placements that do not adhere to standards and regulations. At times, these homes become "permanent". Children are placed in foster homes prior to an evaluation, review and approval. Foster children are often moved from one placement to another, due to 30-60-90 day placement limitations of private agencies.

While recognizing that the need for homes is great, the members are concerned that all foster homes should be completely and fully qualified before receiving any approval or placement of children.

The practice of placing children in care prior to approval should not be allowed to continue, and no child should be placed in a foster home prior to approval of the home.

The issue of the specific-day time limitations must be studied, reviewed and revised to ensure that children placed in foster care receive continuity of placement and services, for as long as they remain in foster care, and to ensure that foster children are not allowed to "drift" through the system.

x. The members heard at hearings that area offices do not always enter into agreements with private agencies regarding the provision of services to children placed in care. Area Offices may "borrow" a foster home from another Area Office, in order to place a child.

The practice of Area Offices not entering into agreements with private agencies should be eliminated, and all roles and responsibilities of private providers and area offices and foster parents should be clearly defined, prior to the placement of children in care.

The practice of "borrowing" a foster home, while at times may be necessary, must be clearly outlined with regard to responsibilities for monitoring, supervision, and the provision of services to the child and the foster parents.

y. The members heard that, due to the serious needs of children being placed in care, and the numbers of children needing foster care exceeding the numbers of available homes, the foster care system has become, in part, a "marginal system".

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Some foster homes are not fully approved, or do not meet all standards exactly, therefore children are placed in "marginal homes", due to demand exceeding supply.

While not all these homes may lack in quality, and may be supportive and nurturing of children, the members are concerned about those that are not. Current fiscal problems compound this problem area. Also, the increasing numbers of children entering the foster care system with specialized, complex needs, could negatively impact the foster care system by forcing overwhelmed agencies to place children for "expediency" and not for appropriateness of placement.

All efforts must be made by all systems involved to monitor and supervise existing homes, to examine existing procedures for revision and improvement, and to search for ways to better utilize existing resources. Recruitment of quality foster homes, with accompanying support systems, should continue to be a priority.

z. DSS states that all DSS Area Offices have been licensed by the OFC using the same standards as those that are used for private foster care placement agencies.

DSS states that each Area Office has lists of service providers, and protocols to accompany these lists.

The Foster Care Commission, in a previous report, stated, "Massachusetts should develop a multilevel foster care system--a range of differing degrees of commitment and training of foster parents. There must be incentives and training for professional foster care. Foster parents must be full partners in the system."

There should be continued enforcement and monitoring of the standards implemented uniformly for DSS Area Offices and private foster care placement agencies.

The protocols that accompany the lists of service providers should be implemented on a uniform statewide basis.

The Special Subcommittee supports the principles stated in the Foster Care Commission report, and reinforces the premises inherent in them.

Appropriate supervisory standards should be implemented that clearly state roles and responsibilities of supervisors, licensing agencies, service providers, and others involved in any aspect of the licensing and monitoring of an agency that, in turn, approves foster homes.

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Partnership Agency Services (PAS) Initiative

a. As PAS agencies are those previously referred to in the recommendations relating to licensing and approval of agencies and foster homes, and in the provision of purchased services to foster children and foster families, the Special Subcommittee reinforces those recommendations applicable to private agencies contracted under the PAS Initiative.

There should be strict adherence, and oversight of this adherence, to the specific regulations promulgated, by public and private placement agencies. There should be periodic reviews of regulatory adherence by private service providers.

b. Information received from DSS indicates that in FY90, "the Department will continue to contract out approximately 10-15% of its total caseload, consisting of between 3,200-3,600 cases".

The Special Subcommittee recommends that every child placed in foster care, and every service provided to each child, be monitored, supervised and serviced through equal management, opportunity, practice, regulation, and policy.

While it is difficult to determine which numbers in the contracted caseload represent foster children, and under whose auspices the remaining foster care children are maintained, the Special Subcommittee recommends measures to ensure that all foster children are cared for equally, with uniform standardized practices.

DSS PAS agencies should receive uniform, periodic, standardized training in policy, procedure, servicing, and casework practice.

All PAS agencies should be monitored and periodically reviewed for uniform practice, adherence to regulations and standards, care and supervision of foster children, partnership approaches to foster parents, the search for, and obtaining of, services and support systems for foster children, foster parents, and natural parents, and should work in coordination in a mutual achievement of these goals.

c. Information received from DSS states that, "the Department purchases services for foster children from private foster care agencies which have been licensed by the Office for Children."

As previously stated, OFC licenses DSS Area Offices, which license private service providers, and therefore OFC has an indirect role in certain aspects of the licensing process.

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There should be specific designations in the licensing process for exactly who performs services such as case management, ongoing training, service provision, and other aspects of caring for foster children and supporting foster parents.

Partnership agencies' roles should be defined with regard to case management and family resource, and to clarify that partnership agency social workers should also work with the natural parents of the child placed in foster care.

d. The Special Subcommittee consistently heard that private agencies contracted by DSS are not subjected to the same standards and regulations as are public agencies and social workers.

While DSS has made efforts, and is implementing a plan to enforce compliance by private agencies to standards and regulations, the members recommend that agencies contracted to serve as placement agencies, and provide services to foster children and parents, should be subjected to the same standards, policies and regulatory provisions as are public agencies and social workers.

An area requiring further study and review is whether or not private contracted agencies participating in the PAS Initiative are subject to the provisions in the DSS statutory mandates, since these agencies carry out the licensing-approval process. The Special Subcommittee recommends this review, and the development and implementation of necessary changes resulting from identified problem areas in the review.

e. It is unclear whether or not the DSS initiatives to enforce compliance by private contractors includes a schedule of reviews and evaluations.

Private agencies contracted to provide services, or to perform specific functions stated in the contracts, should be periodically reviewed for adherence to regulations and standards of practice and policy.

DSS must maintain continued coordination and oversight with private agencies to ensure that the foster home is receiving the appropriate and effective services.

f. There are no regulatory or statutory provisions for the governance of private agencies, nor stated regulations that specify the process by which private contracted providers are.

Section II: Findings and Recommendations

expected to conform to regulations, policies and practices.

This process should be subject to regulations, policies, and practices, must be explicitly stated and clarified, particularly with regard to licensing, approval, and other components in the foster care system. Prior to the PAS Initiative implementation, DSS Area Offices licensed private providers, who, in turn, licensed themselves as licensor and licensee.

Periodic, ongoing training programs should be provided to all social workers, supervisors, and staff of placement agencies, in conjunction with training programs provided to public agency workers. Training should include relevant societal issues of the day, such as domestic violence, and substance abuse in families and youth.

g. The Special Subcommittee members have comprehensively studied the issues involving the PAS Initiative and the DSS' Purchase of Services process. A main concern is the often-cumbersome system and administrative levels through which public funding is processed, and the volume of personnel "layers" and seemingly duplicative administrative and worker level job roles this funding must penetrate to ultimately be used for direct care and services for foster children, abused children, foster parents, and families in need. The members are concerned that large amounts of public monies are expended for administrative purposes that are duplicative, and result in loss of efficiency and cost-effectiveness, and not enough monies are expended for direct care programs, resources, and service delivery. As a result of this problem, the quality of services to children and families could be seriously diluted.

The Special Subcommittee recommends a review and study of the Purchase of Services agreements in these areas, and that effectiveness and feasibility studies be conducted to establish that the above concerns are either warranted or unwarranted. Cost-effective components should be incorporated into the POS plan, and the PAS Initiative, along with studies that would indicate quality, effectiveness, efficiency, and that would establish determinants of the outcome.

The Special Subcommittee will continue to analyze, review, and evaluate the PAS Initiative and the DSS' Purchase of Services contractual process, to ensure that foster children, foster parents, families and others in need, are receiving the maximum amount of direct care services available.

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The members strongly recommend that all parties involved examine this system to eliminate all duplication, to streamline the funding process, and to eliminate barriers to the maximum provision of services with the minimum amount of administration that is necessary.

The contractual policy of allocating funds for each social work unit, whether or not the full 20 cases are contained in the unit, must be examined and revised to be more cost-effective and to ensure that monies are paid only for exact work performed.

The members of the Foster Care Subcommittee recommends that the Department of Social Services conduct an evaluation of the concerns expressed to the Subcommittee from a service provider agency, contained on pages 41 and 42, and that the Department actively seek recommendations for improvement from all those parties involved in this process.

h. The Subcommittee heard concerns that having more agencies providing services could be confusing to the client, in terms of availability and accessibility of services to clients, and concerns over which agency is responsible for particular services, and which agency is responsive to meeting clients' needs.

Interagency agreements should be incorporated into PAS contracts, POS plans, and all regulations, policies, and case practices. Agreements should focus on responsibilities, information-sharing, interactive roles and routes of communication. Foster parents, and others involved in the foster care system should be provided with guidelines and information on the services they will be receiving, where and how to obtain these services, and by whom the services will be provided. Determinations should be made as to which persons/agencies should review the FTE or PAS plans.

3. Agreement Between DSS and Foster Parents; Family Resources; Re-Evaluation of Foster Parents and Foster Homes.

a. The Special Subcommittee consistently heard from foster parents, foster children, social workers, and others involved in the foster care system, that when foster children are placed in family resource homes, frequently there is no information available on the children. Foster parents therefore are unaware of the children's needs, educational history, medical and health problems, and other areas of need. Also, foster parents are, at times, misinformed about children's needs, or are inadequately informed.

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Foster parents should receive available information on a child placed in their care, in order to enable foster parents to perform and function in effective substitute parenting roles. At the time of placement, or within a 10 day period following an emergency placement, foster parents should be given a child profile detailing the needs of the child, and should be provided with a list of resources available to meet the stated needs. The Special Subcommittee has filed a statutory amendment to mandate that a child profile be given to foster parents, containing needed information on a child placed in their care. House 371 is contained in Appendix A, and this area is further discussed in Part B of this section.

b. Foster parents and others involved in the foster care system consistently stated that there is often confusion over the assigning of social workers to foster children, natural parents, and foster parents, and to the interactive roles of the social workers who are assigned. Foster parents stated that they often did not know their social worker, or the social worker was often not available.

Each foster home should have a social worker assigned to the home, that would coordinate services and support systems for foster children, foster parents, and natural parents.

There should be coordination and joint monitoring and communication established between the social worker, and the family resource social worker assigned to provide support to the foster family. This area is further discussed in Part B.

c. The foster care agreement between DSS and foster parents indicates the various roles of persons involved in the placement and service provision to foster families. While some roles are specifically designated, there is confusion around issues such as who to go to for what services, or with specific questions, etc., and over the process of interactive roles and functions.

Measures should be taken, and procedures put in place, that reconcile roles and functions referred to in the agreements, and to ensure that agreements are fully and effectively implemented.

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The goals stated for social workers and others involved in the foster care servicing, and those for the foster parents, should be clearly defined and explained to foster parents, natural parents, and foster children, prior to the placement of children, and on an ongoing basis. Periodic renewals and updates of the agreement should be implemented.

The goals, aims, and objectives of the agreement, and how they are to be implemented, and by what persons, should be clearly stated on an ongoing basis with all parties involved.

Foster parents should be kept informed of the visits by the social workers, family resource workers, and the visiting schedule of the natural parents, and where the visits should take place. Natural parents should be party to the agreement in a partnership approach as much as is possible and feasible.

Family Resource

a. The Special Subcommittee heard that, in some cases, reviews of the foster family do not take place on a regular basis, or, when conducted, are incomplete or inadequate. In addition, there are no provisions for more frequent reviews in cases where the foster homes provided specialized care to a foster child, or children.

The Special Subcommittee supports the revised policy implemented by DSS, policy #89-001, that provides for an annual review of the foster home in a joint effort between the foster parents and the family resource social worker.

The components of this review should be provided on an ongoing, updated basis, to the foster parents, and should be conducted on a case-by-case basis, depending on the types of foster children placed in the home, and the complexity of their needs. Reviews should be specifically related to the child's needs in the context of the foster family, and not performed on a generalized basis.

b. The members heard that, at times, new foster children are placed in foster homes, prior to an annual review. There are no provisions in the policy that focus on increased reviews for children placed in specialized care.

The Subcommittee supports the premise that the foster home should not have a new placement until the review is complete.

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There should be a provision for more frequent reviews, if there are conditions, circumstances, or children needing specialized care warranting periodic reviews within the annual timeframe.

4. Massachusetts Approach to Partnerships in Parenting-MAPP

a. While MAPP training is a vital component of the foster care system, and provides training and support to foster parents, it has not been implemented on a statewide basis. The MAPP training program focuses specifically on foster parents, and recommendations offered to the Subcommittee consistently state that MAPP programs should be extended to other categories of persons involved in the foster care system, and should include a range of issues, including societal issues and problems relevant to today's families, children and youth.

MAPP training programs should be implemented on a statewide, uniform basis, with periodic reviews and modifications of the content of the training included to meet changing needs and specialized care. All foster parents should receive MAPPS training before becoming foster parents, and periodically on an ongoing basis.

MAPP training programs should be expanded, when feasible, to include the biological children of foster parents. Consideration should be given, and feasibility studies conducted, on extending training programs to foster children, especially teenagers, with training components tailored to meet specific and age-appropriate needs. Whenever feasible, biological parents should be included in MAPP sessions.

Foster parents that stated MAPP training programs were very beneficial to their effectiveness as foster parents also indicated that MAPPS training programs should be extended to social workers, focusing on their interactive roles and functions within the foster care system. Foster parents and others recommended that social workers need parenting training and informational sessions.

DSS has implemented initiatives to have minority representation in MAPP programs. The Subcommittee recommends that measures be taken to ensure equal participation, representation, and instructional/educational subject matter incorporate minority, ethnic, and linguistic issues and needs.

MAPP training should include components that would enhance the professionalism, growth and development of foster parents.

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b. It is unclear whether the MAPP training programs have concise performance standards included in the training components. MAPP outlines do not include provisions for expanding training to include periodic reviews of content and subject matter, in order to update according to changing needs.

There are foster parents who have been providing foster homes prior to the implementation of MAPPS training programs.

Clear performance standards should be developed, implemented, and adhered to in the training process, with effectiveness evaluations periodically conducted to ascertain if standards are being achieved.

There should be periodic reviews of the content and subject matter in training programs, and updates and revisions developed to meet the changing and complex needs of children in foster care, and foster families providing this care.

DSS should continue its initiative of training and re-training foster parents and staff who were part of the foster care system prior to the implementation of the MAPP program.

c. While MAPP training programs are very effective programs for foster parents, the changing needs of children and teens, along with the entering and leaving of children in the foster care system require re-training and updated sessions to provide ongoing support and informational input.

MAPP training should precede approval for foster care and placement of children in foster care, but should also be extended to periodic "mini-training" sessions focused on the needs of the children after placement, and on those children who need specialized care. Training could be incorporated as a support system to foster parents and foster children.

MAPP training should have as its focus the best interests of the child, the timeframe needed for foster care placements, the reunification of families, and permanency planning. Emphasis should be placed on the team approach to foster parenting, with multidisciplinary input, and all parties involved in a partnership effort.

5. Criminal Offender Record Information (CORI) Report

a. OFC regulations state that a CORI check "will consist of those convictions which the Office for Children determines may

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affect the individual's ability to have contact with children in a licensed facility or agency".

Conditions resulting from the CORI check should be specific with regards to exact types of convictions or allegations under which a foster home should be, or should not be, approved.

No foster home should be approved, or re-approved when a CORI check reveals any person-to-person crimes, or other convictions that indicate a lack of responsibility or type of action that would negatively affect a child placed in care.

b. OFC regulations provide for some discretion in the judgement of whether or not a foster home is approved, based on the outcome of the CORI check.

The regulations state that foster parents shall have a background that, "in the judgement of the licensee, is free of conduct which bears adversely on his/her ability to provide for the safety and well-being of children."

There should be specific standards formulated and equally applied in the discretionary application of the results of CORI checks.

Reviews must be made by DSS and OFC on all aspects of the CORI process. Initiatives and measures must be developed and implemented to ensure that cases such as referred to previously concerning the foster parent who had been convicted on sexual molestation, do not occur again in the foster care system.

Preventive measures and cross-checking systems must be implemented to protect all children entering, and remaining in, the foster care system.

c. The Office for Children regulations state provisions for conducting CORI checks during the approval process for foster families, yet the Department of Social Services implements the CORI process. A staff person from DSS is responsible for seeking and obtaining information from CORI checks, and applying the results to foster care applications.

OFC regulations should be clarified with regards to the role of DSS in the CORI check, the interactive roles between OFC and DSS, and the conveyance of the regulatory authority from OFC to DSS in the licensure-approval process.

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The role of the DSS staff person, in the context of OFC mandates and regulatory provisions, must be clearly defined.

d. At the meeting between the members of the Special Subcommittee, DSS, and the CORI Board, the members heard that the Board had implemented initiatives to improve the CORI processing system, through automation and computerization. Concerns were expressed about the lack of storage space for information.

The Special Subcommittee supports the initiatives of the Criminal History Systems Board and the Office of the Commissioner of Probation in their combined efforts to improve the CORI processing system in an efficient and timely manner.

The members support the efforts to automate the CORI process through computerized programming, and supports continued efforts to provide an efficient and reliable process for checking CORI records for prospective foster parents.

The Special Subcommittee supports initiatives to expand storage capacity to accommodate the CORI data, in order to make this information expeditiously and reliably available to those requiring it.

e. The Special Subcommittee heard that, at times, children were placed in foster care prior to the over-18 household members receiving CORI checks.

The Subcommittee believes that the practice of placing children in foster care prior to CORI checks should not occur under any circumstances, and all CORI and Central Registry checks should occur prior to the placement of children into foster care.

f. The CORI process requires that, in certain instances, information received from the CORI check is reviewed by a staff person, then passed on to the DSS Deputy Commissioner for further review. There do not appear to be standardized procedures in existence that are uniformly applied when information is received from a CORI check. Information can, at times, be subject to "discretionary use" when applied to whether or not a foster home is approved.

DSS should conduct reviews of the CORI process to determine the necessity of prolonging a CORI evaluation by having the Deputy Commissioner secondarily review the CORI check, to determine and implement uniform standards that would be applicable when information is received on CORI checks, in determining the rejection or acceptance of an application for foster parenting, and the uniform applicability of such standards in the context of other aspects of the review and homestudy information.

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A specific chain of communication should be established that would route information from CORI checks from the sources of the information directly to those forming determinations based on the outcome of the checks, and directly to the foster parents. Interagency roles, channels of communication, and information-sharing routes should be firmly established when there is interagency responsibility for servicing foster children and foster families.

There should be periodic CORI reviews throughout the period a foster home is approved, or re-approved. For those foster homes approved with negative CORI information, periodic checks should be more frequently scheduled.

g. Currently there are no specific conditions established nor a mandate or enabling statute or regulatory provisions outlining conditions of rejection of approval, that are absolute, pending a negative outcome of a CORI check.

There should be rigid conditions established concerning the results of a CORI check, and a mandate established that provides for absolute rejection of approval of a foster home by OFC, DSS, and/or a PAS agency, when the outcome of the check conforms to the framework of established conditions.

h. The Subcommittee members heard that persons may receive foster children into their care prior to a CORI check. Some foster parents therefore did not receive timely payments for the foster care they were providing, since their CORI and other formats had not been completed.

This area should be immediately remedied--there should be no placements of children in foster care prior to approval, and therefore persons would not be placed in jeopardy of not receiving payment for care, or provided with appropriate services, and other related problem areas.

i. Currently, there are no provisions for DSS to receive CORI information on any other allegations, charges, or arrests of any persons other than those convicted for crimes.

The members of the Special Subcommittee support the proposal, and statutory amendment that would allow DSS to request CORI checks on juvenile and arrest information, especially for sexual abuse cases when there are arrests, but no convictions.

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6. Statewide Foster Parent Recruitment Campaign

a. In January, 1986, the Department of Social Services initiated a statewide recruitment effort, entitled, "Join the Home Team", to recruit new foster parents. In 1988, DSS began the "One School-One Child" Foster Home Recruitment Campaign.

The Special Subcommittee supports DSS initiatives to increase the capacity of the foster care system by expanding foster care opportunities for children needing placements. The members encourage the Department to continue to sustain and improve recruitment efforts, and to expand outreach to gain new foster programs through current programs, and increased expansion of new programs, media events, campaigns with varied emphases, publicity events, and other such initiatives.

The Department is encouraged to develop and implement new programs and outreach initiatives, particularly in view of currently expanding needs of children needing placements, and the complexity of the needs of children needing specialized care.

Public awareness and educational programs relating to foster care recruitment, the professionalization of foster parents in their services to children, and the needs of foster children, should be further developed and expanded.

Foster care recruitment should continue to be a critical priority for DSS, in cooperation with foster parent associations, schools, agencies, individuals and professionals.

b. The Department of Social Services has initiated effective foster care recruitment programs, and has made positive efforts towards maintaining and improving the quality of foster care and foster parents in cooperating with MAPFC through training, support, and recognition.

The members strongly support DSS, MAPFC, and other initiatives to recruit new foster parents, and elevate the quality of foster care in Massachusetts. Emphasis must be placed on continued improvements in the professionalization of foster care and foster parents, through renewed efforts, training, recognition programs, improvements of services, increased funding and allowances, and the provision of resources, support systems, and improved coordination of existing resources.

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c. The Department of Social Services has enhanced its efforts to recognize, support, and retain foster parents by conducting spring institutes on a regional basis, and one institute on a statewide basis. These activities are sponsored by DSS Area Boards' Statewide Advisory Council, and are "designed to recognize the special contributions of foster parents and to offer professional development opportunities."

DSS has made positive efforts to professionalize foster care service delivery by emphasizing foster care as a professional, nurturing and critical service for children delivered by competent and caring foster families.

Increasingly, the proportion of children needing foster care is outweighing and overwhelming the numbers of available foster homes. Children are placed in emergency situations, or remaining in "endangered situations", or are placed into intermittent situations, or are set "adrift" in the system.

The members of the Special Subcommittee support DSS initiatives, and encourage continuing improvements in reinforcing the positive professional roles inherent in foster parenting. Foster parents should have periodic events and initiatives focusing on providing support, reinforcement, and expansion of expertise necessary and vital to the continuing enhancement of foster parents and the foster care system.

Recruitment efforts should be reinforced, expanded, and upgraded, with expanded support services and an improved status of the foster parent reimbursement schedule, and allowances for foster children.

Recruitment efforts should focus on the utilization of appropriate persons to conduct, plan, and implement the campaigns, and awareness through media, churches, community groups, schools, and other local, national, and statewide resources.

Regulations, policies, practices and statutes should be revised and amended to reflect the principles and premises that foster care is a professional service. This foundation should be based in appropriate and relevant recruitment, training, an array of support services, and compensation appropriately implemented to reflect that foster care is as professional as any other child welfare program and service.

A statewide foster care recruitment program should be implemented on a consistent, projective basis, with areas of the state identified according to need and demand. There should be increased efforts to recruit foster parents that are able to take care of children needing specialized care.

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7. Mass. Association for Professional Foster Care, MAPFC/DSS Liaison Project, Respite Exchange Program

The Special Subcommittee supports the initiatives discussed in this section, and encourages continued support, enhancement, and increases in all programs that provide support, reinforcement, and the advancement of foster parents, foster children, and the foster care system. Support should be given to those areas and issues identified as priority needs in the MAPFC survey. The state should provide a supportive and financial foundation to these initiatives.

8. Homefinders; Social Workers; Supervision

a. Homefinders are social workers who provide support services for foster parents and coordinate efforts with caseworkers. Homefinders help to "find" homes, and help to support existing homes in meeting the needs of the family.

Homefinders are, according to regulation, to visit the foster family at least every two months.

The members of the Subcommittee are concerned about case-load/workload standards for Family Resource workers. Other concerns of the members focus on the coordination of efforts between "homefinders" and other social workers, supervisors, and other agency workers on an interagency basis.

The members heard that homefinders need more training. Information requested and received from DSS indicates that homefinders must meet the same academic requirements as case-carrying social workers.

The role of the homefinder should be strengthened to include more training, foster care review, and more frequent monitoring visits.

Training of homefinders and foster care social workers should be expanded to increase the understanding of racial, ethnic, and linguistic minority issues.

The role of the homefinder should be further defined and clarified, and should be explicitly explained to the foster parents, foster children, when appropriate, and biological parents, when appropriate.

The Department should ensure that homefinders, now known as Family Resource Social Workers, continue to meet standardized academic requirements, and periodic, ongoing training and educational sessions.

The members of the Subcommittee support DSS and union efforts to establish and implement caseload/workload standards for Family Resource Workers.

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b. Foster parents stated that they are not receiving adequate support for their role and function as foster parents meeting the need of children placed with them. The continuous relationship of foster parents and agencies is often through a homefinder. Homefinders state that recruitment is a full time job, and that they frequently have to provide counseling to foster parents that should be provided by social workers. There are 2.5 homefinders for each 100 foster parents.

There should be improved communication between DSS, homefinders, social workers, and foster parents. In addition to providing support services, staff should provide foster parents with information about rules, regulations, etc. Homefinders should receive ongoing training, and should work as a team with social workers and foster parents.

There is a serious need for more homefinders, and a concomitant need to reduce the caseloads of homefinders so that more efficient, effective service delivery can be provided. A normative standard of ratio of homefinders to foster parents should be increased.

The Special Subcommittee supports DSS efforts to develop caseload standards for homefinders, and recommends that these standards be implemented, with periodic reviews to update standards and ensure they are being met.

Homefinders should visit foster homes on a rigidly stated schedule, with more frequent visits if a child is in a specialized foster home, or as the needs of the child dictate, or if problems occur that require extra attention. Homefinders should be accessible and available to foster parents.

Homefinders should actively seek determinations of the needs of foster parents, should determine unmet needs, and should record any changes in family composition, individual members' status, or whether there are significant changes in the household. Homefinders should participate in the determination of whether appropriate services are being provided to foster children.

Homefinders should provide support and information to foster parents on the appropriate accessing and use of services and resources.

c. OFC regulations state that social workers should visit the child, parents, and foster parents once a month. DSS has no such mandate. The Special Subcommittee heard that foster parents often do not receive regularly scheduled visits from social workers.

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DSS regulations state that a foster home is to be evaluated annually. Under OFC regulations, social workers are to pay monthly visits to the child.

Infrequent visits to a foster home can prevent relevant agencies from detecting problem areas, identifying unmet needs, and providing for, or arranging for, the services and resources to meet these needs.

Homefinders, social workers, and others involved in the servicing and evaluation of a foster home, should work in a coordinated approach in fulfilling the goals of the child's service plan, in the determination of ongoing needs of the foster family, and in the accessing of needed services. An interagency approach is needed to fulfill goals of family reunification and permanency planning for the child. Interagency coordination is essential in providing vital services to foster families. Homefinders need continuing education and training in current societal issues, such as domestic violence and substance abuse in families.

DSS and OFC regulations should be modified to include a rigid schedule of visits by social workers to foster homes. Scheduled times should be increased in frequency in homes where there are problems, or where children are placed in specialized foster care.

Measures should be implemented to ensure continuity of care for foster children, and precautions should be implemented to ensure that disruptions due to changes in social workers, revisions in service plans, moves of the child, etc., are kept at minimum levels.

Regulations and contracts with service providers should be amended to clarify the roles and responsibilities of social workers with the child and the foster family.

b. Supervisors are assigned by licensees to conduct regularly scheduled supervisory sessions. Roles include assuring that children are receiving necessary services, appraisal of social workers performance and support the social worker in their roles, and to provide continuity of support in planning.

There should be an increase in the monitoring of foster homes by supervisors, social workers, and the implementation of the service plan. Frequent communication should occur between all parties involved with the foster family, with mutual support systems established to ensure continued quality, performance, and adequate and appropriate servicing to the family as a unit.

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Key components of the supervisory sessions, visits, and interactions with social workers and others, should include goals and objectives of meeting the family's needs, providing support systems for foster parents, determining the ongoing educational, medical, and other needs of the foster child or children, promotion of positive family interactions, accessing services for the child, natural parents, and foster parents, and other family members, and should focus on family reunification and permanency planning.

e. The Subcommittee members consistently heard that there is often a communication breakdown between social workers and supervisors, and that often social workers lack the authority or capacity to make direct decisions regarding situations that arise in a foster home. Social workers have to seek supervisory approval and decision-making for many determinations.

Standards should be developed and applied regarding specific guidelines for the delegation of decision-making from supervisors to direct line social workers. Some decisions should be made by social workers on an as-needed basis, such as medical care, educational programming, without prolonging the decision-making process and causing unnecessary delays in the child or foster parents receiving needed services or programs. Social workers should be empowered to conduct their responsibilities and perform their duties in an unimpeded manner.

f. The members consistently heard that social worker caseloads are unmanageable, causing workers to be overwhelmed and therefore unable to adequately and appropriately meet the needs of foster children and foster families. Caseloads are determined by family units, rather than the number of children or members of the unit.

DSS has made efforts to reduce social worker caseloads to manageable levels of 18-20 cases per social worker. Ideal caseloads, according to consistent sources, would range from 15-17 cases per social workers, with 10 being the maximum number of investigative cases, out of the 15-17 total cases. The members support DSS initiatives to comply with court-ordered mandates that created a maximum level of caseload capacities for social workers. In the context of current fiscal problems, continued measures should be taken to ensure revisions of caseload standards to manageable levels, in order to promote effective, quality delivery of services.

This area is further discussed in the section of the report on Social Services and Child Welfare.

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9. Foster Care Review (FCR)

a. The Subcommittee members heard that birth or natural parents are frequently not present at a Foster Care Review, and that children themselves are often not present. Foster parents also stated that they did not always receive regularly scheduled foster care reviews, within the regulatory framework.

Every effort should be made to include natural parents in all processes, conferences, plans, and reviews, when their child or children have been placed in care. When appropriate, natural parents should be included in the partnership approach to mutually supporting the foster care placement and servicing of their child until reunification of the family takes place, if this is a feasible goal.

Children who are removed from their homes, or voluntarily placed in care, if they are able, and conditions are appropriate, should be included in the review process, and should be allowed to contribute to their service plan, and their participation in servicing, educational programming, and other aspects of their foster care experience.

The Department of Social Services should enable all parties involved to actively participate in the foster care review, and should be mandated to consistently hold foster care reviews within the expected, regulated timeframe.

b. The Special Subcommittee heard that there are difficulties concerning case reviews stemming from a lack of communication between central planning and local implementation. The members heard that, at reviews, there are many factual gaps in the reports given to volunteers for review. At times, reviewers only review service plans, not the actual cases, thus, volunteers are asked to form recommendations and "vote" on a case whose outcome is pre-determined.

The Subcommittee recommends that this area be carefully scrutinized, and revised, to ensure clearcut, open channels of communication, a lessened central autonomy, and more empowered local decision-making, to ensure that direct care, supervision, monitoring, and servicing are provided on an efficient and organized basis. Improved local decision-making would reduce time delays, and provide for more positive and timely interactions between social workers, supervisors, and foster families.

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Information to be reviewed should be available and accessible to all members participating in the process, while respecting the confidentiality seal accepted by all members. In order to competently, thoroughly, and fairly review the case in a comprehensive manner, all information vital and necessary to the foster child's progress, and the fulfillment of all stated goals of the FCR, reviewers, including volunteers, should have full access to all information. Citizen volunteers provide a necessary objectivity in the assessment of the components of the review. Requiring members of the review to "vote" on limited and pre-determined information seriously restricts the goals of the review.

c. The members heard that the role of volunteers is, at times, undermined in the team approach to the review. A vote contrary to the remainder of the team votes has no effect, and volunteers are not allowed to make minority reports. Members heard that there are insufficient and unequal numbers of minority persons of varying ethnic and linguistic origins represented on review teams.

The members recommend that volunteers be given an equal opportunity to participate in the team approach to the foster care review, and be treated as professionals in determining the best interests of the child. The opportunity to offer a minority report, diverse opinions and consensus formation, should be included in the outcome report of the review.

The members recommend that DSS and foster care provider agencies take immediate and appropriate measures to ensure that there is equal proportional representation of minorities and persons of varied ethnic and linguistic origins and identity on the foster care review teams.

d. The members heard that foster parents are often uninformed about recourses, or avenues, they may pursue, if they have a problem, or a concern, or disagree with services, their foster parenting roles, or other aspects of the foster care system. Also, foster parents often do not understand their part in the review process, and therefore may have limited participation, or perceive that they have limited participation.

Foster parents should be trained, educated and informed, on an ongoing basis, about their roles and functions in the foster care process, including foster care reviews. Foster parents should be informed of their rights to participate, and should be enabled and empowered to function in an active role.

This should be done in the form of a brochure, or as part of training and re-training programs, during visits, and through other means.

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Foster parents should be fully and periodically informed about any and all recourses they have, if there are problems or concerns, or grievances. The process and outcome, and differences between each recourse, or procedure, should be clearly outlined to all foster parents. The objectives and goals of the processes should be specifically stated in all informational sessions with foster parents.

Case reviews on foster children experiencing special needs, and requiring extensive services, should be conducted more frequently. The feasibility of conducting reviews on a more frequent basis, appropriate, as-needed basis, under certain conditions, should be examined.

e. The Department of Social Services operationalized the Foster Care Review Unit in 1985 and now conducts reviews in every Area Office. According to DSS, foster parents' involvement has increased, both in the review and in the service planning.

DSS should continue to increase the participation of foster parents, natural parents, and reviewers in the foster care review process. The Department should improve outreach efforts to include the active participation of foster parents and all members in the review process, and allow for active input from all members, with the best interests of the child or children as the common focus.

f. The Special Subcommittee has concerns about the regulations governing the foster care reviews. The regulations state that there shall be established "an independent foster care review unit". Coincidentally, the regulations state that the members of the unit "shall be employees of the department", and that one members shall "not be an employee".

The members recommend that the Department of Social Services implement safeguards to ensure that foster care reviews are independent, and that all aspects of the child's placement, service delivery, appropriateness of placement, and other aspects are fully evaluated in an impartial manner. There should be equal input from all those having relevancy to the case, and all information should be evaluated in a fair and balanced manner.

g. The Department of Social Services has recently drafted guidelines for the progress review process - a "mini" version of the foster care review. The guidelines require the replacement of the director of the foster care review with a volunteer. The Subcommittee has learned that this proposal is being implemented to "free up" supervisors and others in the Department for other work, and to save money.

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While the Subcommittee members recognize the value of, and support, the role of the volunteer in the foster care review process, and strongly recommend that this role be preserved and enhanced to that of a contributing, participating member of the review. However, the members oppose the DSS proposal to have volunteers replace the directors of the review process. The members also strongly recommend that the foster care review be preserved in its original statutory and regulatory format, purpose and goal.

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B. Distribution and Location of Foster Homes; Types of Foster Care Placements; Needs of Foster Children; Service Plans and Service Delivery; Foster Parents; Re-evaluation of Foster Homes; Termination of Care.

1. Distribution and Location of Foster Homes.

The Foster Care Subcommittee requested information from the Office for Children on lists of names and locations of public and private agencies that are involved in the licensing and approval of foster homes.

The members requested information from the Department of Social Services on the distribution and location of foster homes across all areas of the state. Without violating the confidentiality of the foster parents and the children by requesting names and addresses, the members requested that each DSS Area Office send a list, by city, town, and area, of how many foster homes are in that particular area, and how many children are in the homes, by area. The members also requested information from DSS on Partnership Agency Services Caseload Status, and Family Resource Activity Reports. PAS agencies are discussed in Part A, under the section on licensing.

The Office for Children sent the members lists of public and private agencies responsible for licensing/approving foster care placements and foster homes. Issues around these lists are discussed in Part A. The lists disclosed that OFC licenses DSS, which, in turn, licenses DSS Area Offices, which, in turn, license private agencies, which, in turn, license themselves. The structure and terminology used on these lists indicate this chain of the licensing-approval process.

The Department of Social Services was inconsistently and incompletely able to identify the location and distribution of foster homes across the state. The Department was not readily able to identify where these foster homes were located; nor how many foster children there were, nor where these children were located, either centrally, or by area and region. This inventory of licensed private and public placement agencies, by name of the agency only, and by DSS Area Office, was provided by the Office for Children. However, the list did not provide a breakdown of the location and distribution of foster homes and foster children.

The Department of Social Services began to inventory children in placement in the care and custody of the Department in August of 1988, on its own initiative, and at the request of the Regional Administration of the Office of Human Developmental Services, in order for the Department to comply

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with federal regulations and eligibility requirements, so that DSS would qualify for federal reimbursements available under Title IVB, an area discussed later in this section. Inventory forms were distributed to DSS Area Offices. The purpose of the inventory was to provide area offices with a listing of all children in placement in a particular area office, in the agency's computerized ASSIST record. Area offices were also to identify children not listed in the state-level computer lists.

The process was used to verify children in placement, and to substantiate the current necessity of placements for children.

The Subcommittee wrote to all DSS Area Offices listed on information received from OFC, requesting status reports on how many foster homes existed in a particular area of the state, how many children were located in these homes, and where in the area these homes and the foster children were located. In some instances, both the second licensee (a private agency, the first licensee being DSS Central Office, or a DSS Area Office) and the facility to be licensed are one and the same, in other instances, they are not. This process creates confusion, and confounds lines of communication, monitoring and supervision, placement, and services delivery.

The lists from OFC state that they are "Substitute Care Facilities" list, with the program type stated as "Foster Care". The OFC listing includes DSS and DYS programs that are licensed. Also, many agencies receive multiple contracts, or purchases of services, through DSS, DMH, DMR, and DYS. The Subcommittee also wrote to all agencies on the lists, requesting information on the numbers and locations of children in foster care. Most of the agencies responded, and provided the members with extensive lists of the location and distribution of foster children and foster homes within the purview of the agency.

As more than one agency purchases clusters of services from private contracted providers, and while the lists are helpful in determining numbers of children and homes in a particular area, it is difficult to obtain concise numbers of which children are under the auspices of DSS, and which are under the auspices of another agency.

As the lists received are incomplete with regard to the numbers of foster homes and children by location and distribution, it is not feasible to give a distribution chart by areas of the state. However, response to the Subcommittee's request for information by private agencies provided the members

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with substantial information on some aspects of the licensing-approval process, the numbers of children in each area of the state, and in each individual foster home, numbers of active, approved foster homes, and a sense of the distribution of foster homes statewide. Some agencies have a small number of foster homes, located near the agency, or in the area. Others have many foster homes, located in many areas across the state.

Information requests were sent to DSS Area Offices, for statistical data on the numbers of foster homes in each area, by city and town, and the numbers of foster children in the homes in each area, by city and town. Some Area Offices responded, but in the intervening time, DSS Central Office provided the Special Subcommittee with a comprehensive list of foster homes by DSS Area Office, and statistical data on the homes and numbers of foster children. The information provided to the Subcommittee is dated in March, 1989, and in all probability has changed. The DSS list provided the members with numbers of homes and children by individual Area Office, but did not include lists of individual agency providers, or those contracted to provide placement and foster care services.

The following is the statistical data received from DSS:

<u>Area Office</u>	<u>#Foster Homes</u>	<u>#Foster Children</u>
Pittsfield	122	191
Northampton/ Greenfield	124	172
Holyoke	144	209
Chicopee		
Springfield	287	455
Westfield	66	97
Springfield	10	8
Regional Off.*		
Region I Totals	<u>753</u>	<u>1,132</u>
 Fitchburg	 133	 134
Gardner	55	83
Blackstone Valley	94	117
South Central	106	179
Worcester	220	385
Worcester Reg. Off.*	<u>21</u>	<u>2</u>
Region II Totals	<u>629</u>	<u>900</u>

* Cases carried by Regional Offices are generally pre-adoptive or pre-guardianship homes.

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<u>Area Office</u>	<u>#Foster Homes</u>	<u>#Foster Children</u>
Lowell	157	257
Lawrence	102	179
Haverhill	134	195
Cape Ann	51	63
Danvers/Salem	47	60
Lynn/Chelsea	172	259
Eastern Middlesex	32	32
Tri-City	65	104
Regional Office*	<u>13</u>	<u>5</u>
Region III Totals	773	1,154
Concord	19	20
Arlington	60	68
Waltham	35	31
Cambridge/ Somerville	58	72
Marlborough	39	40
Framingham	52	68
Newton	25	23
Norwood	38	33
Quincy	67	77
Weymouth	40	60
Regional Office*	<u>18</u>	<u>8</u>
Region IV Totals	451	500
Attleboro	68	67
Brockton	140	200
Plymouth	100	103
Taunton	70	89
Fall River	131	190
New Bedford	178	249
Cape and Islands	88	113
Regional Office*	<u>72</u>	<u>79</u>
Region V Totals	847	1,090
Boston State	242	409
Boston/Brookline	88	143
Solomon Carter Fuller	304	477
Tufts Bay Cove	90	156
Harbor	39	30
Boston Regional Off.*	<u>49</u>	<u>68</u>
Region VI Totals	812	1,283
<u>Statewide Totals</u>	<u>4,265</u>	<u>6,059</u>

* Cases carried by Regional Offices are generally pre-adoptive or pre-guardianship.

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According to the Department, the numbers of children needing foster care is increasing. Children who needed foster homes increased from 6,000 in May of 1989, to 7,000 in June of 1989 alone.

Partnership Agency Services caseload/workload reports received from DSS indicate the agencies contracted in each Area Office, and the ongoing caseloads and workloads in each agency. It is unclear, however, which of the numbers indicated in the caseload/workload statistical data are foster children.

Family Resources Activity reports received from DSS indicate private contracted agencies' caseload activities, and state the number of approved foster homes, and indicate those that are available and active, and FTE capacity.

According to information received from private providers, there are two tiers to the foster care system. The first, PAS-1, consists of DSS case management. A social worker in this system has 20 cases or families, and ensure treatment planning, that the family is adequately taken care of, removes children who are not being cared for, schedules dental care and other similar services, and works with the schools. The minimum number of visits for this social worker is once a month. The second tier-PAS-2-consists of a social worker working with 30 foster homes. This worker provides 20 hours of training to each home and ensures that providers obtain what they need.

The members also heard from concerned providers that, in certain situations, foster children will not receive adequate levels of services under the FTE model. The providers indicated that the PAS system, or FTE model, will greatly reduce certain levels of services currently received by foster children, and some service components, such as clinical counseling, will not be delivered. Administrative support will also decline, according to this information received. Some providers expressed serious concern that, under this new system, there will be "trade-offs" on what services will be funded, and what services will not be funded, and that services will not be funded according to the needs of the foster children.

This area requires further extensive study and in-depth review and analysis. Short-term and longitudinal effectiveness studies and outcome analyses are required.

2. Types of Placements and Types of Foster Homes; How Children Enter Foster Care.

Types of Placements: There are two avenues to children being

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placed in foster care: court-ordered removal from the child's home, or removal by the Department of Social Services on an emergency basis, pending a court order, and voluntary placement by the child's or children's birth parents. Both placements are processed, and at times both are initiated, by the Department of Social Services, and may be either temporary, short-term or long-term, or may become pre-adoptive, pre-guardianship, or adoptive placements. Children may also enter foster care through other conditions in their homes, or conditions in the lives of their parents, such as homelessness, illness, poverty, and social, economic, medical and other factors.

A discussion about court standards that are applicable to varying stages of the court process, and a recommendation by the Subcommittee for standards to be utilized by the Department of Social Services, is at the end of this report.

Voluntary Placements: Chapter 119, s.23 states, "upon the application of a parent or guardian or any person acting on behalf of the child, or of the child himself, the department may accept for foster care any child under eighteen years who in its judgment is in need of foster care. Said judgment shall be exercised in accordance with guidelines and standards developed by said department and shall be reviewed by the executive office of human services. Such acceptance shall entail no abrogation of parental rights or responsibilities, but the department may accept from parents a temporary delegation of certain rights and responsibilities necessary to provide the foster care for a period of time under conditions agreed upon by both and terminable by either." The section further discusses other conditions under which DSS receives children into care.

The previous section contains a new section, added in July, 1988, and begins with, "such judgment shall be exercised...guidelines and standards developed by said department..." The section provides for the first time, standards and guidelines for placement/no placement decisionmaking by DSS. Information received from the bill's sponsor indicates that, prior to the passage of this section, DSS had no standards consistently used to determine whether a child is in need of voluntary placement into foster care. There were no guidelines, or training of social workers in the applications of the guidelines, which are to be utilized in determining if a child is at risk for placement. The amendment also brings DSS into compliance with Public Law 96-272.

According to information received from the proponent of this section, Paul Berkowitz, a DSS supervisor, "in carrying out its statutory responsibility to decide whether to place

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or not to place a child into substitute care, DSS has never defined state standards of minimally acceptable child welfare, the violation of which would constitute grounds for child removal, provided that the conditions causing the violation have not been and cannot be remedied by other means. The Department has never developed guidelines for making decisions in reference to these standards. The Department has never provided comprehensive training in placement/no placement decision-making."

MGL Chapter 119, section 1, states that DSS is mandated "to assure good substitute parental care in the event of the absence, temporary or permanent inability or unfitness of parents to provide care and protection for their children."

Senator Henri Rauschenbach has sponsored Senate 623, at the request of Paul Berkowitz, for the 1990 legislative session, An Act Relative to Standards and Guidelines for the Placement of Children into Substitute Care. The bill would, if enacted, add to Section 1 of Ch. 119, the following sentence: "The determination of said temporary or permanent inability or unfitness shall be made in accordance with standards and guidelines, to be developed by the Department of Social Services and reviewed in public hearings prior to implementation no later than September 30, 1990." According to Mr. Berkowitz, "passage of S.623 would hold DSS accountable for compliance with a specific public policy regarding the removal of children from their families. It would provide caseworkers with a responsible decision-making mechanism, and it would make the process of placement/no placement decision-making vastly more understandable to the families, their communities, and the general public."

The Department of Social Services has not yet fully implemented a plan to train staff on the standards developed that would help social workers make informed decisions as to whether a child can remain at home, or should be placed in foster care.

The Department may also accept from parents voluntary surrender of custody of their child under 18 years, to give consent for adoption under the same conditions as stated above.

In August of 1989, a new section was added to MGL Ch. 119, s.23, relative to permanency planning. The new section F states that if the Department has in its care a child whose parent or parents have consented to his adoption, and the Department is unable to place the child in an adoptive home

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within sixty days of the receipt of the consent, it is to notify all children's foster care agencies licensed to place children for adoption. If an agency locates an adoptive home, the Department would then cooperate in the placement of the child, and in the supervision of the placement during the one year waiting period.

In addition, the Department "may seek and accept on order of a probate court the responsibility for any child under 18 years who is without proper guardianship due to death, unavailability, incapacity or unfitness of the parent or guardian, or on the consent of the parent or parents." The responsibility assumed by the Department consists of:

- the right to determine the child's place of abode
- seek medical care
- obtain necessary educational programs
- to control visits to the child
- to give consents to enlistments, marriages
and other contracts requiring parental consent
- responsibility to include the right to consent to
adoption only when it is expressly included in
the order of the court

If a child is left "in any place" and appears to be without a parent or legal guardian, this shall be reported immediately to the Department. DSS can then arrange for temporary care and search for the parent or guardian. If none can be found, the Department can then "make such lawful provisions as seems for the best interest of such child."

DSS regulations, 110CMR 4.10 states, "upon the request of one or both parents or parent substitutes and when supported by an assessment of the needs of the child which has been conducted by the Department, the Department may agree to provide substitute care for a child. Every voluntary placement into substitute care shall be accomplished by completion of the Department's standard form of Voluntary Placement Agreement, between the parents or parent substitute and the Department."

Regulations 4.11 state that the Agreement shall automatically expire after six months, and must be re-executed if the voluntary placement is to be continued. Also, regulations state that the Agreement is to be "a flexible document adaptable to the individual needs and circumstances of the client or family".

DSS regulations 110CMR 4.12 states, "any Voluntary Placement Agreement may be terminated by one or both parents who

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have legal custody of the child giving written notice to the Department, regardless of which parent has signed the Voluntary Placement Agreement."

This regulation further states that in any case where a parent gives notice to the Department terminating a Voluntary Placement Agreement, the Department must honor the Agreement for a period of 72 hours. If, during this period, DSS determines that the child would be at-risk of abuse or neglect if returned home, DSS may institute court proceedings to obtain custody of the child.

At a hearing in March of 1989, the Commissioner of DSS stated that DSS can revoke a voluntary agreement within 48 hours.

There are regulations in DSS regarding Voluntary Placement Agreements for a mature child.

Section 4.14 of 110CMR regulations, titled "miscellaneous", relates to the interviewing of children and should be discussed here, as this is an important area in the determination of abuse or neglect and other family conditions, and therefore possible foster care, and as it relates to the involvement of others in the DSS investigation process.

The regulations state that, at times, the Department may receive requests from persons wishing to interview the child or children. These persons include the media, police officers, district attorneys, other child welfare professionals.

The regulations state the conditions under which police officers or district attorneys may interview a child.

- a. Parents retain the right to allow their child to be interviewed, unless the child is a mature minor.
- b. If the child is involved as a possible or known defendant in a criminal action, the Department may refuse to consent to an interview. DSS may also go to court and obtain a Guardian Ad Litem for the child.

For other persons requesting an interview, DSS must try and consult with the parents by telephone, and, if available, the parent's wishes are honored. If the parents are unavailable, DSS may not consent to the interview, unless there are special circumstances that would further the best interests of the child.

DSS regulations 7.128 state, "the Department will plan and promote regular and frequent visitation between children in substitute care and their parents, consistent with the terms of the service plan. For children who are the subject of a Voluntary Placement Agreement, parents may use the Department's grievance procedure to address complaints concerning visitation matters."

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Sliding Fee Scale/Entitlement Benefits

There are certain regulatory provisions stated for the Department of Social Services, that relate to sliding fee scales, and benefits provided to parents whose children are in substitute care.

According to regulations 110CMR 4.08, the Department may use a sliding fee for certain services, except for information and referral, family planning, and all protective services. This area is further discussed later in this section.

The Department may, however, collect certain benefits from the parents of children in substitute care. These conditions are outlined below.

The Department may require parents of children entitled to SSI/Social Security/VA/Other benefits, to participate in the financial support of their children while in DSS-funded substitute care. When children are placed in care through a Voluntary Placement Agreement, or court-ordered custody, the parents will either:

- continue to serve as representative/payee, retain a certain amount, pay DSS the remainder of the monthly benefits, not to exceed the actual costs of the child's care
- or - consent to DSS application for benefits as designee to receive benefits on behalf of entitled children; DSS sets aside a PNA- Personal Needs Allowance for the child; any additional benefits beyond care will be put in the PNA

There is a statement concerning the above options for the parent(s) contained in the Voluntary Placement Agreement. When an entitled child is placed in the court-ordered custody of the Department, DSS may seek an order directing the parents to make payments to DSS for the cost of the child's care.

The Department of Social Services developed a policy, to have been implemented in September, 1989, but revised as of January, 1990. Advocates had expressed concerns that the original policy had no provision for exemptions for low-income persons. Advocates stated that it was unfair to force low-income families to pay for voluntary placements at DSS.

The Legislature placed an outside section in the budget cut package, Section 171, which became effective on January 4,

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1990. The section provides a 200% of the poverty line exemption from the fee scales, but does not apply to any sliding-fee scale in effect prior to the budget's passing. However, since DSS did not implement the new policy, advocates believe that the exemption applies to low-income families.

Court-Ordered Placements

According to Ch. 119, s.23, the Department shall accept, on commitment from juvenile courts or juvenile sessions, or from a superior civil court, any child under 18 years, who is in need of foster care.

Section 24 outlines the conditions under which the department may receive a child into custody, from the juvenile courts, on the petition of a person who alleges, on behalf of the child that the child is without:

- a. necessary and proper physical or educational care and discipline
- b. is growing up under conditions or circumstances that are damaging to the child's sound character development
- c. who lacks proper attention of a parent, guardian, or custody
- d. whose parents, guardian or custodian are unwilling, incompetent, or unavailable to provide any such care, discipline or attention may issue a precept to bring the child before the court

The court shall issue a notice to the department and a summonses to both parents of the child, to show cause why the child should not be committed to the department.

If, after a reasonable search, the court is satisfied that there is reasonable cause to believe the child is suffering

from serious abuse or neglect, or
is in immediate danger of serious abuse or neglect, and
that immediate removal of the child is necessary to protect the child from serious abuse or neglect

the court may issue an emergency order transferring custody of a child to the department or to a licensed child care agency or another individual. The custody shall not exceed 72 hours, then the court shall determine whether or not the temporary custody should continue until a hearing for a care and protection proceeding occurs.

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A qualified person may conduct an investigation and make a report on the circumstances of the child, and submit the report to the court.

Any child may be committed to the department under this section without a hearing or notice with the consent of the parent or parents or guardian.

A discussion on the courts and court procedures is at the end of this report.

Ch. 119, s.25 states, "when such a child is taken into custody upon said percept, and brought before said court, the court may then hear said petition, or said petition may be continued to a time fixed for hearing, and the court may allow the child to be placed in the care of some suitable person or licensed agency providing foster care for children or the child may be committed to the custody of the department, pending a hearing on said petition."

After the court hears and decides on the petition, it may commit the child to DSS as in need of care and protection, until the child is 18 years of age, or until the objective of the commitment is reached. The court may make other appropriate orders with reference to the custody and care of the child:

- permit the child to remain with his/her parents
- transfer temporary legal custody to:
 - any individual designated by the court,
 - qualified to give care
 - any agency or other private organization licensed or otherwise authorized by law to care for the child
 - the Department of Social Services
- order appropriate physical care including medical or dental care

The Department, parents, persons having legal custody, probation officer, guardian or guardian ad litem "may petition the court not more than once every six months for a review and re-determination of the current needs of such child whose case has come before the court".

Ch. 119, s.27, outlines the appeals procedures in the event that the child, parent, guardian or person acting on behalf of the child, or the department, wishes to appeal the adjudication order by the court, or order of commitment. The court informs the above persons of their right of appeal.

The court may, during the pending action of temporary custody, issue temporary orders for the support of the child from those persons who are chargeable for the support.

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Section 29 of Ch. 119 provides for counsel to be provided to a child at court, or for hearings, and the child is to be informed of the right to this counsel. The parent, guardian, or custodian of the child shall have, and shall be informed, of their right to counsel, or if they cannot afford one, will have one appointed for them.

Section 29B of Ch. 119 provides for the determination of future status of committed children, by mandating that, within 18 months of the original commitment or grant of custody of a child to the Department of Social Services, and periodically* thereafter while the child remains in the care of the Department, the court shall reconvene, to "determine the future status of the child".

The determinations, made in the best interests of the child, can be, but are not limited to, the following:

- return to the parents
- continue in substitute care for a specified period,
after which the child is to be returned to the
parents or guardian
- to be placed in another permanent placement
- to be placed for adoption
- to have a guardian
- to, because of special needs or circumstances, continue
in substitute care on a permanent or long-term
basis in a specific placement

Senate 2121, signed into law in November, 1989, also amended the following section, the new section is underlined.

"Upon making its determination, the court may make any appropriate order as may conduce to the child's best interests including, but not limited to, orders with respect to the child's care or custody. All such orders shall indicate (a) whether reasonable efforts were made, prior to the placement of a child in foster care to prevent or eliminate the need for removal of the child from his/her home; and (b) whether reasonable efforts were made, after the placement of a child in foster care, to make it possible for the child to return to his/her home."

The newly added section places the Department of Social Services more in compliance with federal statutory mandates in the Child Welfare Act, and with federal eligibility requirements regarding the placement of children in foster care. This amendment would have the state conform to the requirements, in

* This section was amended in November, 1989, through Senate-2121, to read "periodically", which substituted for "12 months".

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order for Massachusetts to receive federal reimbursements. This area is further discussed later in this section.

Section 29B provides for types of dispositional hearings described for all children in foster care, pursuant to a court order. There are no such provisions for similar hearings for children placed through Voluntary Placement Agreements. This area is discussed later in this section.

When the court commits or grants custody to the department, the court shall certify that continuation of the child in his home is "contrary to his welfare", and shall certify whether or not the department made reasonable efforts, prior to placement, to prevent or eliminate the need for removal from the home, or shall certify that the department made reasonable efforts to make it possible for the child to return to his parents or guardian.

By statute, children in the care or custody of the department shall be placed in private families, or in a public or private institution or school, if the child, upon examination, is found to be in need of special care, treatment or education. "The reasons for the placement of any such child shall be entered in the records of the department."

The Department must consider all factors relevant to the child's physical, mental and moral health, when placing a child in family home care.

Chapter 119, section 51B, in relation to court-ordered custody, states that the Department of Social Services shall, "take a child into immediate temporary custody if the department has reasonable cause to believe that the removal of the child is necessary to protect him from further abuse or neglect; provided, however, that the department shall make a written report stating the reasons for such removal; and provided further, that if any child is so taken into custody, the department must file a petition pursuant to section 24 on the next court day."

The Department of Social Services has developed, and recently revised its policy for permanency planning, called a "210" for Chapter 210 of the Mass. General Laws, concerned with adoption of children. DSS Policy #87-001, titled, "210 Policy and Procedures for Permanency Planning", outlines DSS' commitment to timely implementation of permanent plans for all children in the care and custody of the state. The child's return home is the first option that must be considered. If a child cannot return home safely, adoption is the next alternative to be considered. If adoption is not appropriate, then guardian-

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ship is next considered.

The policy and the outline for the 210 Clinical Conference and the 210 Legal Conference are discussed in the section on permanency planning for children in substitute care.

The Special Subcommittee inquired, and determined that contracted service providers cannot receive children into care through a court order. Only those social workers working for a state agency - the Department of Social Services - may receive a child from a court order, into care for placement in substitute care.

The Special Subcommittee heard from several persons, including foster parents that "kids are removed too quickly for social problems - unless kids are "in-risk" for harm or hurt, we should not remove. Families should be supported in their homes." The members have received information stating that there is a need for more in-home services, and support services for families at-risk for abusive conditions, or who are in need of support during times of crisis, ill-health, or other problems. The members also were informed, through several sources that frequently child custody policies discriminate against low-income women and persons, and that past history of some persons is the basis for decisions on whether to remove or return a child to his/her home. Often certain conditions are perceived as being "abusive", when they are more symptomatic of poverty, deprivation, and other social or economic problems.

The Women's Alliance, a nonprofit group for low-income women has filed 36 specific complaints against DSS, among them that the system is:

- arbitrary
- denies the accused rights
- flawed in that there are no legal standards
as to what constitutes neglect
- there is undue power in DSS for custody
proceedings
- there are confusions about conditions of
poverty vs. abuse
- there should be rights for single mothers

The Department of Social Services has stated that they do not remove children from their homes solely for financial, or economic reasons. This area is further discussed in Section V of the report.

Types of Foster Homes: The Department of Social Services has two categories, or "types" of foster homes, that relate to a particular status of that foster home. The types of status are

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restricted, or child-specific homes, and non-restricted.

According to the Department, the total number of foster homes in Massachusetts, as of August, 1989, consist of:

unrestricted foster homes	56.2%
restricted foster homes	43.8%

According to the Department, there are 3,735 restricted, or child-specific foster homes, and approximately 4,300 unrestricted foster homes. Of the 3,735 child-specific homes, 1,500, or 40%, are homes in which the children live with relatives. The figures break down as follows:

unrestricted foster homes	4,300
restricted foster homes	3,735
-children living with relatives	1,500

The Department defines the two categories, or types of status of foster homes, as:

Non-restricted Status: A family resource with a non-restricted status is an approved and trained foster home which is eligible to provide foster care to any child or children who come into the care or custody of the department. The family resource, and the family resource worker agree to the number of children, the sex of the children, and the age of the children which are appropriate for the home. This information is then included in the resource registration information found on the RMM (Resource Management Module).

Restricted Status: A family resource with a restricted status is an approved home which is eligible to provide foster care to a specific child or children. These homes are also known as "child-specific" homes. This type of home most often is a relative, extended family member or friend that was identified by the family or child as a possible placement resource. The home is only approved for the specific child or children. If another child is identified for placement with a restricted resource, the home would need to be re-evaluated and its status changed on the RMM.

Child-specific homes handle certain cases of children who leave home, and live with another family. The Department would

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only know of these cases if a report was received. When the Commissioner of DSS was asked if these homes were licensed, the response was that the homes did not always go through the licensing process.

At a meeting with the Department of Social Services, the Special Subcommittee asked two questions related to child-specific homes: a. In all homes that are child-specific, do these homes have to be approved, and who are the foster parents? b. How do children find these homes, and are these children counted as foster children?

DSS responded that child-specific homes must be approved as all foster homes are approved, through a process that includes:

1. completion of an application form
2. references
3. for the applicant and all household members over 18, a CORI check and a Central Registry check
4. a homestudy conducted by a family resource unit social worker, or homefinder, that includes visiting the home, becoming acquainted with household members and the home situation

Child-specific homes are the first foster homes considered by DSS, "since placement with relatives is our first placement preference".

The Department stated that child-specific foster parents are individuals who are approved as foster parents after they express an interest in the well-being of a specific child. These persons are frequently neighbors, teachers, relatives or the parents of a friend of the child needing placement. According to DSS, "child-specific placements often prove to be highly successful because the child knows the resource prior to being placed, and the trauma of being separated from his/her family is eased." These children are represented in the foster care population count, and statistical data.

All unrestricted foster families are required to attend the ten-hour sessions of MAPP pre-service training. Child-specific foster parents are not required to attend the MAPP training sessions.

DSS regulations 110CMR, 7.108: Child-Specific Placements, state that these placements occur under two circumstances:

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- i. when a court orders a child to be placed in a specific foster home, and
- ii. when a child has left home and the child or his/her parent has selected another home in which the child chooses to live

The Department begins a homestudy under either of the above two circumstances, which will be completed within 20 days.

If the child-specific home is that of a relative or married couple resource, and the homestudy is approved, DSS will pay regular foster care rates retroactively.

If the child-specific foster home is a single parent or unmarried resource, and the homestudy is approved, the placement must be approved in accordance with 110CMR 7.101. If both the home and the placement are approved, the family is to be paid retroactively at the regular rates. No funds are paid if the home or placement is not approved.

3. Needs of Foster Children; Multiple-Status Children; Child Profile; Needs of Adolescents; Minority Children; Rights of Foster Children.

The needs of foster children are discussed in Section I, but will be briefly discussed in this section, as they relate to a child profile, minority children, specialized foster care, and the ensuing discussion on service plans.

The problems of children entering foster care today are complex and multi-faceted. Often children placed in foster care are coming from multi-problem and dysfunctional families, compounded by drugs and violence.

While there are conditions of homelessness, single parenthood, illness, poverty and other factors contributing to families needing to place their children in the care of the state, children are also coming from homes in which there is family violence, drug and alcohol abuse, crime, AIDS, and other problems. There are increasing numbers of juvenile sex offenders, many of whom are committing such offenses against young children. Many children experience developmental disabilities and have special educational needs and learning difficulties.

Significant numbers of infants are entering foster care drug-addicted, or are sick from drugs ingested during the course of their mothers' pregnancies.

The numbers of children coming from these conditions are increasing at an alarming rate, and are contributing to over-

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whelming state systems and those whose mandate it is to provide services to meet these complex needs. Current fiscal and budget deficits and cutbacks are further exacerbating already-impacted systems.

The needs of children entering foster care are impacted by the changing nature, complexity, and severity of the factors contributing to the removal of children from their homes and their subsequent placement in foster care. The foster care system is currently in a state of flux, and more specialized foster homes are, and will be, critically needed to accommodate the increasing numbers of children being placed due to drug and alcohol abuse, drug trafficking, poly-drug use, AIDS, ARC, and HIV seropositivity, existing either in the parents, children, or both, family violence, and other serious contributory problems. More children need psychiatric services than ever before, especially young children, and more children are experiencing mental health, health and medical problems. Increasing numbers of minority children, and children with diverse ethnic, racial, and linguistic origins, need appropriate and relevant foster care.

Other factors such as increased homelessness, poverty, and health afflictions in families will further exacerbate the crucial need for foster homes and foster parents, that will be equipped to provide support and specialized care for children with these profound and complex needs. Many children in foster care are there because family members could not adequately care for them for a number of reasons unrelated to abusive conditions.

Information received from foster parents who testified at public hearings before the members of the Special Subcommittee, or who provided information to the members, indicates that foster parents are increasingly having children placed with them who have been abused, sexually abused, and/or neglected, are suicidal, pregnant, abusive of drugs and alcohol, coming from drug-abusing and violent homes, have parents who are, or they themselves are, seriously ill with AIDS and related diseases, are seriously ill, disabled, mentally retarded, are experiencing mental health illnesses, educational difficulties, and a host of other problems.

Multiple placement children, or children caught in the foster care "drift", require permanency planning, a team approach to servicing complex needs and case management, and greater support systems than do other children.

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If current trends continue, and there is no indication to the contrary, the severity and profound nature of the problem conditions and types of reasons children are being placed in substitute care, will change policies and procedures, casework practices, treatment needs, services and programs, the types and numbers of placements needed, support systems, and the relationship between children and youth, servicing and placement agencies, foster parents, and natural parents. Funding needs will change and increase, and will be negatively impacted by current fiscal problems.

Assessment of Needs of Children in Foster Care

Regulations of the Office for Children, 102CMR, 4.09, state, "the licensee shall place children in family foster homes or group care facilities that best meet their individual needs, as determined by the child's evaluation and service plan.

Upon placement, a child is to have a medical exam, which, according to OFC regulations, shall include:

- a. a record of the child's health history
- b. a record of the child's present physical conditions including growth and development, vision and hearing, nutritional status, and evidence of communicable disease
- c. TB skin test, or chest x-ray
- d. statement of screening for lead poisoning, if child is under 6 and over 2
- e. recommendations concerning restricted activities
- f. recommendations concerning future examinations, care and treatment or immunizations

Other regulations of OFC and DSS refer to the provision of social services to children in foster care, pursuant to the service plans. OFC discusses evaluation procedures for children prior to their placement in care, or within six weeks of the placement. The regulations state, "...the licensee shall complete a full evaluation by qualified professionals covering physical, emotional, social and intellectual factors relevant to the child's situation, if a court or agency referring the child to the licensee has not already done so." The evaluation should include:

- a. a social, health, and educational history of the child
- b. a social and health history of the family

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- c. an assessment of the strengths, resources and needs of the child and the family, with a view to determining the need for supportive family services, family foster home placement or any alternative placement
- d. the child's legal status

OFC regulations, 102CMR, 4.10, state that a range of psychological and psychiatric services should be provided to children in foster care. The regulations state, "the licensee shall provide or arrange for a range of psychological and psychiatric services in order that each child's and family's needs for psychological or psychiatric services will be met and the purposes of the family foster care or group care accomplished. Services may include:

- a. evaluation and assessment
- b. therapy
- c. consultation with children, parents, foster parents, and the staff and administration of the licensee

The regulations further provide for educational plans, "the licensee shall arrange for the education of each child in care, in compliance with state and local laws, and shall document the child's educational plan in the child's record."

The Department of Social Services regulations, 110CMR, 7.121, relate to the provision of periodic health care services to foster children. Foster children receive care under the Project Good Health program, a federally-funded, Medicaid-reimbursable program "aimed at ensuring that children receive quality, comprehensive health services on a periodic and continual basis". Further, "for its substitute care population, the Department assumes responsibility for assuring that the children receive medical examinations at the time of placement if needed, routine medical and dental examinations within age-specific timeframes, any required follow-up, and routine and emergency mental health care." The Department provides regular health care within the Department's periodicity schedule.

The Department determines the child's medical and dental needs at the time of placement in substitute care. DSS provides foster parents with a Medical Passport for each child placed in care. This issue is discussed later in this section, under the heading, Information Provided to Foster Parents on Children Placed in Care.

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The Mass. Committee for Children and Youth (MCCY) issued a report in August of 1988, titled, "Report on Compliance: Agreement for the Protection of Abused and Neglected Children". The report covered the period of August, 1984-August, 1988, and discussed and rated DSS on areas of compliance with agreements with MCCY, relating to abused and neglected children, and foster children.

One of the areas of compliance involved foster care children receiving medical examinations after placement in care. The MCCY report indicates that in 1988, only 72% of children in substitute care had received routine medical visits and examinations. While this has increased from 36% in 1985, DSS is still rated as being in non-compliance with this aspect of the agreement. DSS is also not in compliance with a relevant area, that of maintaining as part of the child's case file, a full description of the child's medical needs, including an assessment of special needs and any psychological disorders or disabilities. The Department is also not in compliance with the assurance that all children in substitute care receive a complete medical passport, to be kept current and updated to reflect changes in needs. This area is further discussed in the section on Child Profile.

The MCCY report discusses a comprehensive range of areas of compliance and non-compliance by DSS on crucial needs and services of abused and neglected children, and foster children.

Finding and maintaining foster homes that are appropriate and willing to care for increasing numbers of children with specialized needs, such as AIDS, drug-addiction, problems that stem from homes that are unstable and unsafe due to drug abuse and violence, mental illness or physical disabilities, has become, and will continue to be, a major priority for all child welfare agencies. Of crucial importance, is the finding, and maintaining of, appropriate and relevant foster homes that provide continued care for children of diverse cultural, ethnic and linguistic backgrounds.

Children with all of these needs are increasingly difficult to place in homes that are able, or that become enabled through appropriate services and recruitment, to meet their needs. These homes will require foster parents that are able to cope with the changing and complex needs of children. Foster parents must be adequately compensated for their efforts, and must receive appropriate support systems. Foster homes of the future will, by necessity and need, have to become more adaptive and adaptable to the rapidly changing nature and complexity of children entering the foster care system.

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Specific measures, case practices, and policies will have to be developed and implemented, to ensure that the needs of children already in foster care, and those needing this care in the future, will not be supplanted by increasing numbers of children requiring specialized, intensive foster care placements. The full spectrum of the needs of foster care children now, and in the future, will have to be met by a balanced and systemic approach to meeting the range of needs, through an array of servicing systems and improved utilization of existing resources.

The MCCY report on areas of compliance, recommends as a part of the compliance agreement, that each Area Director in the Department of Social Services should conduct a survey identifying all unmet needs and resource shortages for group care and foster care. The recommendation includes a needs assessment for specialized foster care, special needs children, linguistic and cultural minorities and adolescents. The report states that DSS is only in partial compliance with this recommendation in that the plan and survey conducted by DSS was incomplete, inconclusive, and not a comprehensive plan.

Multiple-Status Children in Foster Care: Office for Children regulations state that six is the maximum number of foster children allowed in any one foster home. The Commissioner of Social Services, at a public hearing, stated that this number can exceed six, when there are conditions of multiple placements required at one time, such as with siblings who have been removed from their homes, and need foster care. The Commissioner stated that there is a waiver procedure that allows more than six foster children in one home, under certain conditions. The Department of Social Services has used the waiver procedure approximately 25 times last year.

The Commissioner of the Office for Children, at a public hearing, stated that the Office is "more concerned with ensuring that the total number of children in a home is low enough to ensure proper care than it is with a set limit. The goal of OFC is to ensure that the foster parents are able to manage and care for the children." The members of the Special Subcommittee asked whether or not there is a limit on the total number of children - foster, biological, and possibly day care - the Commissioner of Social Services responded that there was presently no limit to the total number of children in a foster home.

Throughout the public hearings, and review of the foster care system, the members consistently heard, and learned, that frequently there are "multiple-status" children placed in, or

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in the care of, one foster home. A foster home can be licensed as a family day care home, approved as a foster home, and also have adoptive and biological children all living together in one home. While there are provisions for limits on the number of foster children in a home, and limits on the numbers of day care children in a home, there are no provisions for a full and total assessment of all combined children in a home. In addition, multiple-agency placements of multiple-status children are not always coordinated, nor placed and serviced on a mutually cooperative, interagency basis. Often these children, individually, and in combination, experience a wide and diverse range of needs, and cross an extensive age range.

In the Hill household, discussed in Volume I and summarized in the Introduction, there were many multiple-status children who experienced health problems, mental health problems, and other problem-behaviors that required a wide range of specialized resources, and extra care and attention from the foster parents. The ages of the children ranged from 2 years to teenagers, to adult natural children, their children, and the grandchildren of the Hills, whom they had in their homes as day care children.

In 1989, there was a fire in a foster home, in which the foster mother, and two foster children perished during the fire. The foster mother, according to family members, had not been informed that two older foster children placed in her care, had been previously involved in setting fires. It is unclear whether or not these children set the fire deliberately, or whether the fire was an accident while they were playing with candles and matches. However, the foster mother had not been informed of the children's past behaviors. This home, and others brought to the attention of the Special Subcommittee, had multiple-status children placed in them.

Recently, there was another fire in a foster home, and a foster child died. The foster home was also a day care center.

While these tragic events are not connected to the fact that the homes had several "types" of children living, or being cared for, in them, they do illustrate that several children frequently are living in foster homes that are also qualified to care for children other than foster children.

As the flux of foster children in and out of homes is usually changing frequently, or periodically, and therefore the needs of these children are variables influencing the family composition, adjusting to these children is difficult, and providing adequate, nurturing foster care requires extra measures of support services and case management to the foster children and the foster family.

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It is unclear from OFC and DSS regulations whether or not a full assessment of the family composition is conducted during the approval process of a foster home, or if during an evaluation of the home, subsequent to foster care placements, a family composite assessment is conducted to determine the "types" and ranges of needs of children combined that are living in the home. Evaluations and determinations of need of the family composite would yield information about individual members of the family, and an assessment of needs of the family as a unit.

Child Profile and Information Provided When Children Are Placed in Foster Care.

Department of Social Services regulations, 110CMR, 7.112, states, "before a foster child is placed in a foster home, the Department shall provide the prospective foster parent with sufficient information about the child to enable the foster parent to determine whether to accept the child. The foster parent will receive information about the service plan, behavior management guidelines and techniques, the child's medical needs, the child's educational needs, and any other special conditions or requirements."

After placement, the Department shall provide the foster parent with sufficient on-going information about the child to enable the foster parents to meet the needs of the child.

The Department is to provide the foster parents with a copy of the service plan, the Medical Passport, and is to notify the foster parents of all court hearings and case reviews.

The Department of Social Services provides a Child Placement Agreement to the foster parents, that consists of information on the Family Resource, expected length of placement, the child's custody status, the child's school, religion, ethnicity, language, name and address of parents, and other significant information.

At a public hearing of the Special Subcommittee on Foster Care, the Commissioner of Social Services stated that foster families should receive a Medical Passport, Service Plan, and Child Placement Agreement when children are placed in care.

The Department has established a program called the "Medical Passport for all children in substitute care. According to 110CMR 7.124, "the medical passport shall record pertinent and available medical/dental/mental health and developmental data about the child. The Passport is to be held by the foster parent, and remains with the child throughout his/her placement.

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The regulations outline the time periods for routine medical examinations and for routine dental examinations. If a child receives treatment, a record of the treatment is entered into the child's case record. "When a Medical Passport is completed for the child, the social worker, in completing the relevant portions, shall make reference to the emergency treatment provided at placement."

The Medical Passport contains encounter forms that record hospital treatment visits and lists the responsibilities of the foster parents.

The DSS Medical Passport policy states that the form "is given to the social worker either by the foster parent or directly by the health-care provider". Another section states, "the foster parent is responsible for returning the encounter form to the social worker". Further, the regulations state, "when a Medical Passport is completed for the child, the social worker, in completing the relevant portions, shall make reference to the emergency treatment provided at placement."

The DSS Agreement between the Mass. Department of Social Services and Foster Parents states that the Department shall, "provide the foster parent with sufficient information about a foster child, prior to placement, so that he or she can knowledgeably determine whether to accept the child or not, and provide the foster parent with sufficient ongoing information about the foster child to enable the foster parent to provide adequate foster care to that child and to meet the individual needs of that child."

OFC regulations, 102CMR, 4.13, states, "the licensee shall provide each foster parent prior to placement sufficient information about each foster child to be placed with him (including description of the service plan) to enable the foster parent to determine if he will accept the child. This information shall include, when available, but need not be limited to, the age, sex, race, and medical condition of the child, and information regarding the reason for placement."

OFC regulations 102CMR, 4.07, states that when a referral or application for foster care placement for any child is made, "the licensee shall complete a full evaluation by qualified professionals covering physical, emotional, social and intellectual factors relevant to the child's situation, if a court or agency referring the child to the licensee has not already done so." The evaluation is to be completed prior to placement, or soon thereafter, if placement is necessary before the evaluation can be completed. The regulations provide that the evaluation may be completed within six weeks of placement. The evaluation shall include:

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1. a social, health, and educational history of the child
2. a social and health history of the family
3. an assessment of the strengths, resources and needs of the child and his or her family, with a view to determining the need for supportive family services, family foster home placement or any alternative placement
4. the child's legal status

As stated in Volume I, the members of the Special Subcommittee consistently heard at public hearings and through correspondence that foster parents often do not receive information on children placed in their care, either prior to placement, or after placement occurs. Several foster parents stated that they have never received information on the child or teenager placed with them. Foster parents stated that they often have a child placed in their home who may be a pregnant teen, may have been severely abused, may experience educational and learning difficulties, may have psychological-behavioral problems, or any other problem or difficulty, and the foster parents are not informed of these difficulties. Foster parents stated that it is very difficult to provide appropriate foster parenting, to obtain services, and to work with other family members, when information on the children is lacking, or is insufficient. Some foster parents felt they were misled, or given false information about children placed in their homes, because DSS was fearful the foster parents would refuse to take the child.

The members of the Special Subcommittee consistently heard testimony from foster parents, foster children, and others involved in the foster care system, that communication between DSS and parents, and between DSS and foster children, is inadequate and often irresponsible. Many of the parents testified that necessary information pertaining to the children was not provided to them. Many therefore experienced situations for which they were not prepared, resulting in friction, tension, and adverse conditions between foster parents and their natural children, and foster children placed in their homes. These conflicts often result in foster children running away, or foster care "drift" - foster children moving from placement to placement, further exacerbating conditions and contributing to compounding already complex problems.

Clearly, both OFC and DSS are in non-compliance and in violation of their respective regulations, by not providing adequate information on foster children to foster parents. A

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further concern is that regulations governing DSS social workers are not always applicable to private contracted providers. Therefore, regulations regarding the placement of foster children in foster homes, such as the provision of necessary information on children to foster parents, may not govern these procedures. Regulations regarding providing foster parents with a child placement agreement, service plan, medical passport, or "child profile", may not be applicable to service providers, and therefore vital information necessary to appropriate parenting of foster children may not be received by foster parents.

This information, together with the results of the findings of the Subcommittee in Volume I, and public testimony, has prompted the members to file a legislative proposal stating that a child profile shall be provided to all foster parents at the time of placement, or within ten days of placement in emergency placements. Further impetus to the filing of this bill resulted from the fact that the Hill foster family had not received information on the medical and health conditions of the two children placed in their care - Henry Gallop and Arron Johnson. In addition, the Commissioner of DSS stated at a public hearing that not all children received the Medical Passport and other relevant information, when placed in care.

The intent of House 5770, An Act Relative to the Placement of Children in Foster Care (see Appendix), is to provide information, including positive characteristics, strengths, personality likes and dislikes, that is necessary to the well-being, care, protection, and parenting by the foster parents.

In addition, DSS should provide procedural guidelines to social workers clarifying which information should be made available to foster parents, and this information should be provided thoroughly, accurately, and in a timely manner.

House 5770 was amended by Representatives Parente and Rosenberg to include that the Dept. of Mental Health and the Dept. of Youth Services should also include a child profile when placing children in foster care.

Needs of Adolescents in Foster Care

Along with the previously stated needs of foster children, is the need for specialized placements for populations of youth such as juvenile sex offenders. The Massachusetts Adolescent Sexual Offenders Coalition of the New England Adolescent Research Institute, brought this area to the attention of Rep. Stanley Rosenberg.

The Coalition is concerned about the numbers of juvenile

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sex offenders who are being placed in foster care, and the numbers of these youth who re-offend against other youth in foster care. The Coalition is concerned about the appropriateness of these placements, and recommends the need for preventive and interventive programs and services to meet the needs of juvenile offenders. The Coalition expressed concern about the gaps in services, training and diagnosis, and the placement of offenders in communities and foster care placements that may cause sexual victimization to other children also placed in care. Many of these youth are under the care of the Department of Social Services; others are in the care of Youth Services.

The Department of Social Services has established the PAYA Initiative - Preparing Adolescents for Youth Adulthood. The stated goal is "to enhance the Department's capacity to more effectively prepare adolescents for the transition from foster care to self-sufficient young adulthood." The program incorporates four separate modules to help adolescents master skills essential for young adulthood:

- money, home and food management
- personal care, health, safety, teen violence
- education, job-seeking and job maintenance
- housing, transportation, community resources, laws, decision-making and recreation

The modules are designed to provide adolescents with opportunities for participation, with their foster parents and /or social workers. Adolescents receive incentive awards upon completion of the modules. In August of 1989, DSS collaborated with the Child Welfare League in training over 300 foster parents and staff in the philosophy and application of PAYA. DSS' plans included the beginning of training to all PAS agencies' staff in December of 1989.

The Department has also established a program called "Commonworks", or Commonwealth Adolescent Networks", for the most severely troubled adolescents in the DSS system. The development of this program evolved from an evaluation of DSS' 90 day, staff secure Diagnostic and Assessment Units. The program is designed to help adolescents move from one placement to another while in transition to least restrictive settings. The ultimate goal is to "mainstream" these clients at age 18 into independent living situations.

Many teenagers are entering foster care, or substitute care with a full range of unmet needs. Some are coming from drug-abusing homes, or are themselves abusing substances. Some

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are pregnant, are learning disabled, and experience a host of other problems, such as emotional and behavioral difficulties, and are coming from dysfunctional families in which abuse, sexual abuse, and neglect, have taken place. These youth experience the usual adolescent growth and developmental stages and accompanying needs, but these stages have been impeded or disrupted by their life experiences and family situations.

Many of the youth who testified before the Special Subcommittee stated that they had not met the foster parents before their placement in the foster home. These youth recommendations included, whenever possible, a pre-introductory period between the foster children and teens, and the foster parents. During this period, all those involved could get to know each other before living together. Also, when feasible, teenagers and younger children need an orientation period before placement in foster care.

Young people need a comprehensive range of services and programs focusing on experiences of abuse and violence, how to act and behave in certain situations, and how to relate to their particular environment. Teenagers need information and practical knowledge on how to successfully make transitions in personal and general growth and developmental stages, problem solving and conflict resolution, sexual activity and preventive behavior, drug and alcohol abuse, AIDS prevention and treatment, self-esteem and confidence building skills, and employment development skills education and training.

Also recommended at the public hearings of the Special Subcommittee was the need for training of all parties involved, and public awareness education about, eliminating stereotypes of foster children. Perceptions of foster children, such as "they all steal", are generalized to all foster children, and only serve to reinforce such behaviors in foster children, or to further undermine feelings of self-worth. Programs should be developed that address these areas.

It has been brought to the attention of the Subcommittee that, at times, older children in a foster home may be required to "babysit" and care for younger children in the home. While shared responsibilities are necessary for children living in a household, if such responsibilities are excessive, problems with teenagers and other children can become further compounded.

Minority Children

At a public hearing at Roxbury Community College, several persons testified that there is a lack of culture-specific programs, and programs dealing with cross-cultural sensitivity

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for both foster parents and foster children. Others stated that cultural differences are a problem in the foster care system. One person told of an African mother who could not regain custody of her children because she did not understand why she should have to fulfill the requirements of DSS, and did not understand her rights.

At the public hearing, it was repeatedly stated that there is an urgent need for culture-specific programs and cross-cultural sensitivity in the identification of needs and provision of services and programs.

Other concerns expressed regarding the needs of foster families in communities of people of color, and other ethnic and linguistic groups, are that often social workers, and services provided by them or through them, do not take into consideration, or are not sensitized to, the needs of these communities and the foster parents who provide homes in them. Social workers often do not visit the homes regularly. Several persons testified that there is a lack of support systems in communities of people of color and other ethnic and linguistic groups, and services for multilingual populations are inadequate. Sensitivity to these communities does not "filter down" to the people, nor the foster parents and foster children in these communities. There is a need for an array of services that will focus on ethnic, cultural, and linguistic variations.

In Massachusetts, the number of black children under 2 years old in foster care rose 61% between June, 1988, and June, 1989, according to DSS. The number of non-hispanic white children in this category rose 14%, and for hispanics, the increase was 17%. Many of these children are entering foster care, and are in need of adoptive families, yet the numbers of minority homes and foster parents are inadequate to meet the increasing demands. Recently, transracial foster care and adoptions have become the subject of some controversy.

There is a significant need for state agencies to conduct extensive outreach, education, and awareness, to recruit and maintain foster parents in communities of color and other ethnic groups, who are able to provide appropriate and relevant foster homes to children needing homes with diverse ethnic, cultural, and linguistic differences. These foster families, should be provided with a full range of programs, services and support systems that are relevant to these populations.

Rights of Foster Children:

Issues relating to the rights of foster children emerged with some consistency through youth testifying at public hearings and through other avenues. Throughout the study of the foster care system, it became apparent that there is a lack of focus on the rights of foster children, and a lack of a concentrated inclusion of them in their own planning, servicing,

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needs assessment, placement in care, ensuing foster family life, permanency planning, or termination of care.

While foster parents provide support, care, nurturance and continuity, and make efforts to include children and youth in their family life, systems that are designed to provide supports and services frequently exclude the child or youth who is the central person from planning and programming.

The members learned that often youth are not present at case reviews, planning and placement sessions, and other processes involving their own placement in care. Youth testified that they are often not asked their opinions and feelings on their placements, service plans, educational programs, and other areas, nor are their opinions and feelings respected.

Some youth testified that often, when they are placed in foster care, they are required to do jobs and perform tasks that are excessive, and that other children or youth in the family are not asked to do these jobs. Others stated that they were required to do things that were not fair, or that they were not treated equally with others in the household.

One teenager stated that she had to take care of other foster children, or natural children of the foster parents. She was often asked to babysit at night, and that she did not always attend school.

Other youths stated that they were, at times, not included in family plans and vacations, while living in foster homes, and felt left out of some family life experiences.

Some foster children said they were not told in advance of changes in placements, or that their placements would become permanent. Some said they were very confused, and were not treated well in foster care, or were not treated equally with other foster, or natural, children.

The members heard that some children and teenagers did not have ongoing communication and servicing from their social workers, many were not aware they had a social worker, or even who their social worker was, and were unaware of any channels of communication or avenues of recourse, if they had complaints or problems.

The members learned that of concern to foster parents, foster children, and professionals in the field, is the sometimes negative image foster children experience. Stereotypes such as "all foster kids steal or play hooky" create negative feelings in foster children, and often instigate or perpetuate the cycle of patterns of behaviors that "live up to" the stereotyped behaviors. Such stereotyped perceptions further promote negative self-concepts and self-images of foster children, who are already experiencing a wide range of negative feelings about themselves.

A recent US Judge in the District of Columbia, Thomas F. Hogan, stated that "children placed in a local government's

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foster care program have a constitutional as well as statutory right to be well cared for and kept free from harm." The federal judge stated that the District of Columbia's inability to operate an adequate foster care system for children from troubled families is unconstitutional and a violation of federal law. The decision was the result of a suit brought by the ACLU and mental health systems. The members of the Subcommittee supports this decision in its applicability to Massachusetts.

4. Service Plans; Child Placement Agreement; Permanency Planning; Services to Foster Children; Advocacy.

Service Plans: DSS regulations 110CMR 6.00 state, "a service plan for a family with a child in substitute care shall contain the elements listed above and each of the following additional elements about the child:

1. the type of placement
2. the history of any previous placements
3. the reason for the child's current placement
4. efforts made by the department and the family to prevent the need for placement
5. the visiting schedule between the family and the child, or, if no visits are stated, reasons why
6. the identification of a permanent plan for the child
7. the projected date by which the child may return home or be placed in another permanent living situation
8. a description of the child's specific health, dental and educational needs while in placement

The elements referred to include:

1. a statement indicating whether the goal of the service plan is to:
 - a. strengthen the family unit
 - b. provide an alternative permanent home for a child who has been removed from his or her home; or
 - c. enable a mature minor to live independently
2. a statement of the problem(s) and change(s) needed to achieve the goals of the service plan and close the case
3. a statement of the task(s) to be completed by the client(s) within specified times or at specified frequencies
4. a statement of the task(s) to be completed and the specified services to be provided by the Department and other parties within specified times or at specified frequencies"

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The regulations of DSS state a timeframe for completion of service plans:

1.
 - a. for all cases except single service cases, within 10 working days after an assessment is completed, but in no event later than 55 working days after the opening of a case
 - b. for single service cases, within 10 working days after an assessment is completed, but in no event later than 30 working days after the opening of the case
 - c. for a placement made on an emergency basis to ensure the immediate safety of a child, where there is no service plan, a service plan shall be completed within 30 working days after the placement
2. Except in an emergency, every family shall have a service plan prior to placing a child in substitute care.
3. For purposes of developing a service plan the opening of the case occurs upon one of the following:
 - a. the substantiation of a 51A report after an investigation
 - b. the receipt of an application for voluntary services
 - c. a court order giving custody to the Department

The Department provides for an agreement procedure with the client, and states the regulations that the service plan "shall be, to the maximum extent possible, jointly developed by the Department and those clients receiving services from the Department." If the parties are in agreement with the service plan, both shall sign the service plan. If the parties are not in agreement, the Department shall inform the client that they may seek a review through the grievance procedure.

The service plan is to be reviewed during each case review, at a minimum. In addition, the regulations state, "A new service plan must be written when there has been a change in the goal of the plan. An existing service plan may be updated and renewed if the goal of the plan is unchanged. However, no service plan may be renewed a second time."

The Office for Children regulations, 102CMR, 4.08 state the service plan requirements for children. The regulations provide for the development of a written service plan for the child and his family, upon completion of the intake evaluation and prior to placement except in cases of emergency. The regulations charge the licensee with this task, who "shall consider the needs of the child for stability or permanency."

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The service plan must include:

- a. service or services appropriate to meet the child's or his/her family's needs, without regard to availability
- b. the service or services actually to be provided for the child and his/her family
- c. a statement of the goals for the child and family; if the plan includes the placement of the child into foster care or group care, the plan provides for one of the following goals:
 1. services to the child and his family in order that reunification of the family may occur within the shortest possible period of time, giving consideration to the age of the child; or
 2. if it is determined at the outset that reunification of the family is not possible, the voluntary or involuntary surrender of parental rights in order that adoption may be sought for the child; or
 3. if it is documented that neither of the above goals is appropriate, permanent foster or group care giving consideration to the child's need for consistent and stable relationships

OFC regulations further state conditions for service plans as they relate to written evidence that foster care or group care is the most appropriate plan for the child. The regulations state that, "no child shall be placed in foster care or group care without written evidence that foster care or group care is the most appropriate plan for the child. If either of these placements is determined to be the most appropriate plan, the licensee shall include the following in the service plan:

- a. the purpose of foster care or group care
- b. a record of previous placements, if any
- c. reasons why placement is considered necessary and appropriate
- d. a record of attempts to provide preventive services and examination of possible alternatives to placement, or a statement as to why foster care or group care placement is warranted without such attempts being made
- e. an estimate of the duration of need for foster care or group care placement
- f. a description of the services which the child and his family will require while the child is in foster care
- g. a plan for the nature and frequency of parental

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- contacts and visits with the child
- h. a description of the types of family foster homes or group care facilities which would best meet the child's needs
 - i. a description of the conditions under which the child shall be returned home

Section 4 of CMR 4.08 states that the "licensee shall afford both parents/legal guardian of any child being considered for foster care or group care the opportunity to participate in the evaluation and development of the service plan, and upon request, to receive a copy of the plan." Section 7 of the regulations state that a summary of the service plan shall be available to the foster parents upon request.

The regulations provide that, within six weeks of family foster home placement, the licensee shall update the child's individual service plan. The regulations state, "in the case of family foster home placement, the updated service plan shall be developed by the social worker responsible for the child to update and coordinate implementation of the child's service plan."

In developing the plan, the social worker shall consult with the child, the family, the foster parents, and other professionals relevant to the child's situation.

The regulations require that "periodically and at least every 6 months from the date of the family foster home or group care facility placement, the licensee shall review the service plan for each child." The components of the review shall include:

- an assessment of the child's and his family's progress and needs
- a review of the services being provided
- a reconsideration of the child's legal status with the goal of a permanent plan for the child and an examination of alternatives to foster care or group care; the service plan shall be revised if necessary

The review is to be conducted by the social worker responsible for the child and shall include consultation with the social worker's supervisor, the child, the foster parents, and the child's parents.

The licensee is required to explain the review and revised service plan to the child, the foster parents, the agency having custody or guardianship of the child, and to the child's parents. "The licensee shall have available a summary of the child's revised service plan and shall provide a copy of it to the foster parents upon request."

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Statutory references to service plans are contained in Ch. 119:29, Counsel for Child, which states, "in any such proceeding regarding child custody, where the department of social services or a licensed child placement agency is a party, the parent, guardian, or custodian of such child shall have and shall be informed of the right to a service or case plan for the child and his family which complies with applicable state and federal laws and regulations regarding such plans." A copy of the plan is to be provided to the parent or guardian and the attorneys for all parties. Other statutory references to service plans relate to child abuse and are discussed in Section V.

Child Placement Agreements

The Department of Social Services has a Child Placement Agreement that consists of information on the Family Resource, expected length of placement, child's custody status, the child's school, religion, ethnicity, language, name and address of parents, and other significant information. It also contains reimbursement information, and other information on the child.

Permanency Planning

While the issue of permanency planning is a main focus for children in care and is discussed throughout this report, it is important to discuss it in the context of the foster care system.

Section 29B of Ch. 119, Determination of Future Status of Committed Children, is a statutory reference to permanency planning. The statute provides for the determination of the future status of the child by mandating that, within 18 months of the original commitment or grant of custody, and periodically thereafter, the court shall reconvene to "determine the future status of the child". Senate 2121, passed in November, 1989, amended the term "twelve months" to read "periodically". Senate 2121 also amended the statute to mandate that all orders shall state whether reasonable efforts were made to prevent or eliminate the need for removal of the child from home, and whether reasonable efforts were made, after placement, to reunify the child and his/her family. While this amendment addresses the issue of permanency planning, it also has as an intent to mandate the Department of Social Services to be in compliance with federal requirements for funding.

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As previously stated, Section 29B provides for types of dispositional hearings for all children in foster care, pursuant to a court order. There are no such provisions for similar hearings for children placed through Voluntary Placement Agreements. Decisions regarding the best interests of the child, with a goal of permanency planning, may consist of several options to be considered by the court:

- the child may remain with his or her parents
- there may be a transfer of temporary legal custody to:
 - any individual designated by the court
 - qualified to give care
 - any agency or other private organization licensed or otherwise authorized by law to care for the child
 - the Department of Social Services
- an order may require appropriate physical care including medical or dental care for the child

Further determinations of permanency planning for the child may be made under the reference, "the Department, parents, person having legal custody, probation officer, guardian, or guardian ad litem may petition the court not more than once every six months for a review and re-determination of the current needs of such child whose case has come before the court."

Chapter 119:29C, Judicial Certification of Need to Remove Child from Home, states that whenever a court commits, grants custody, or transfers responsibility of a child to the department or its agent, "the court shall certify that continuation of the child in his home is contrary to his welfare and shall certify whether or not the department or its agent, where appropriate, made reasonable efforts, prior to the placement of the child in substitute care, to prevent or eliminate the need for removal from his home; or shall certify whether or not the department or its agent, where appropriate, made reasonable efforts to make it possible for the child to return to his parents or guardian."

While recent amendments to Chapter 119, s.29B, changed the statutory language to read similarly to section 29C, the intent of the two sections varies: section 29B is concerned with determinations for the child after the original commitment, grant of custody, or transfer of responsibility has taken place in the courts; section 29C is concerned with the judicial determination of the need to remove the child from his or her home in the first instance.

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The Department of Social Services has developed, and recently revised its policy for permanency planning, called a "210" for Chapter 210 of the Mass. General Laws, concerned with adoption of children. DSS Policy #87-001, titled, "210 Policy and Procedures for Permanency Planning", outlines DSS commitment to timely implementation of permanent plans for all children in the care and custody of the state. According to the intent statements in the policy paper, the Department "is committed to the swift implementation of permanent plans for all children in the care and custody of the Commonwealth. A child's return home is the first option which must be considered. If a child cannot safely return home, adoption is the next alternative which must be considered. If adoption is not appropriate, guardianship should then be considered."

If a permanent goal of adoption or guardianship has been recommended by the social worker, supervisor, and/or by a Foster Care Review Unit determination, the 210 Clinical Conference takes place to "determine the appropriateness of alternative permanent plans when children cannot safely return home." The conference is designed to confirm the appropriateness of the permanent goal and establish the best plan for this attainment. Subsequent to the Clinical Conference, a second Conference takes place, the 210 Legal Conference, designed to develop legal strategy if the permanency planning goal is termination of parental rights and subsequent adoption.

210 Clinical Conference

The social worker, after conferring with the supervisor, requests the Area Director to convene a Clinical Conference, which explores permanency planning options. If the goal of adoption or guardianship was determined by a FCRU review panel, the case must be scheduled for a clinical conference. The conference must be convened within 20 working days. The participants include the child's social worker, social work supervisor, area adoption social worker, and/or family resource supervisor. The policy discusses the issues to be addressed during the conference, which includes a case summary, barriers to family reunification, the birth family's participation in the service plan and case review, and legal issues.

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The Clinical Conference has four possible outcomes: the goal of adoption or guardianship is not appropriate and the best permanent plan is return home, as determined by either the social worker, or the FCRU; the best permanent plan is adoption; the best permanent plan is guardianship.

210 Legal Conference: The Area Director or designee will convene the conference and invite the following participants:

- child's social worker or supervisor
- adoption staff
- area adoption social worker or family resource supervisor when the 210 plan is a foster home adoption
- regional adoption supervisor, if the plan is adoptive home recruitment
- the assigned DSS attorney

The areas to be discussed at this conference include a summary of the history and issues of the child; any revisions in the service plan to improve the viability of the 210 trial.

The 210 Legal Conference has two possible outcomes: the decision not to proceed with a 210 petition as there must be additional evidence of parental unfitness; the decision to proceed with the 210 petition.

The DSS policy further discusses other assigned tasks for the conference participants, and procedures for adoption legalization, if this is the outcome of the conferences.

There are several references to permanency planning in the regulations of the Department of Social Services, and the Office for Children. Components of the service plans, updating of service plans, reviews, and other sections of the regulations and policies contain references to the goals and objectives implicit in permanency planning for children in substitute care.

DSS regulations 110CMR 6.00, relating to service plans, include the elements, "the identification of a permanent plan for the child", and "the projected date by which the child may return home or be placed in another permanent living situation." Other elements of the regulations refer to the requirements to include the goals of the plan with regard to alternative permanent homes, provisions needed to achieve the goals of the plan, and services to be provided to fulfill the plan. Timeframes for all the components are stated as they relate to permanency planning, as they are for case reviews. Much of the determination of the goals inherent in permanency planning are decided upon at case reviews.

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Office for Children regulations also refer to the goals of permanency planning in the development of service plans, and in the provisions for updated service plans and reviews. OFC regulations require that periodic reviews take place, and that at least every 6 months from the date of the family foster home placement, a review will take place. The components of the review include, "a reconsideration of the child's legal status with the goal of a permanent plan for the child and an examination of alternatives to foster care or group care." OFC regulations state, "a placement agency's philosophy, administrative policy and services to and for children shall be directed toward strengthening a child's relationship first to his biological family, or, if that is not possible, to another permanent family."

OFC regulations also refer to the "210" procedures, and state that if, after six months of foster care or group care, the licensee determines that the child's family is not interested and involved in maintaining a relationship with their child, or in assuming parental responsibility, the licensee shall consider adoption as an alternative to foster care, and shall decide whether to petition for "termination of parental rights under Ch. 210, Section 3." Foster parents may be notified that a child has been freed for adoption, and may be considered as potential adoptive parents if the child has been in their care for a year, although this time period may be reduced.

Services to Foster Children

Discussions of the range of services needed by foster children are presented throughout this report. This section will focus on a general review of services needed by foster children, especially those requiring specialized care, the servicing requirements stated in regulations, and the service delivery systems.

Office for Children regulations state that children are to be placed in foster care according to their individual evaluation and service plan. The regulations state, "the licensee shall place children in family foster homes or group care facilities that best meet their individual needs, as determined by the child's evaluation and service plan".

The OFC regulations, 102CMR, 4.10, provide for services to children, including health services and psychological and psychiatric services. The licensee is to ensure the availability of a range of medical and dental services to the child,

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"in order to promote the child's complete physical, mental and social well-being." Health services include evaluation and diagnosis, treatment, preventive health services, developmental and rehabilitative services, and consultations in any area. The regulations further elaborate on specific health services that are to be provided to foster children. "The licensee is to assist foster parents in locating appropriate medical and dental services for the foster child."

The licensee is also to provide or arrange for a range of psychological and psychiatric services in order that each child's and family's needs for psychological or psychiatric services will be met and "the purposes of the family foster care or group care accomplished".

These services include: evaluation and assessment, therapy, and consultation with children, parents, foster parents, and the staff and administration of the licensee.

The licensee is also responsible for arranging for the education of each child in care, in compliance with state and local laws, and "shall document the child's educational plan in the child's record". Educational issues are further discussed later in this section.

At the time a person wishes to establish and maintain a placement agency, and files an application to this intent, the applicant is to submit a clear definition of the services provided by the agency to children, their families, and foster families. Applicants must then submit "written procedures for the evaluation of children, development of service plans, periodic reviews of cases, and provision of services to children, their families and foster families before, during, and after placement." The applicant must also submit its policy and procedures for selecting appropriate foster parents that would meet the needs of the child or children, and for meeting the health needs of the children to be served.

The regulations state that the applicant must also submit a definition of the services provided by the agency to children, their families, and foster families, including:

- a. the types of services
- b. the characteristics of children, families and foster parents to be served by specific services
- c. a plan for the annual evaluation of its services, which shall give special attention to its performance in promoting permanency for the children in its care

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At the time of placement, the licensee shall determine the medical needs of the child, which begins with a check on the child's most recent medical examination. If one has been done within a specified time period, the information from it is to be entered into the child's record. If an examination has not been done, the licensee shall arrange for one, which is to be arranged within seven days of the placement.

The licensee is also responsible for determining the dental history of the child, and is to obtain a dental examination of the child if one has not been done within a specified time period.

When determinations of placements of children are based on an assessment of the child's needs, OFC regulations state that, "in the case of any child previously placed in family foster care by the licensee, previous foster parents shall be considered for the present placement." The regulations further state that, "siblings shall be placed in the same family foster home unless the licensee provides a written explanation of why such placement is not in the best interests of the children."

Increasingly large numbers of children are requiring Specialized Foster Care, which offers resources to the child and foster family that are more intensive, and support the client and the foster home with more frequent case management contact. These children may experience a range of special needs, and often require multiple services to meet these needs. The children may be victims of AIDS, drug abuse during pregnancy, developmental disabilities, and other special needs. These foster children may be referred by one of three state agencies, as being in need of specialized foster care: DSS, the Departments of Mental Health or Youth Services.

Service plans have been previously discussed in this section. While service plans are designed specifically to meet the servicing needs of foster children, and every foster family is to receive a service plan, the Special Subcommittee has heard that frequently foster parents do not receive comprehensive service plans, that service plans are not updated periodically or that re-evaluations of needs do not take place, and that all parties who should be involved in the development, and implementation of the plan, are not included in the process.

Recommendations addressing these problem areas follow this section. The Special Subcommittee also has been unable to find a comprehensive definition of a service plan in the state's regulations or statutes. However, there is a federal definition that could be considered for adoption in this state:

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A written document which includes at least the following: a description of the type of home or institution in which a child is to be placed, including a description of the appropriateness of the placement; how the agency which is responsible for the child plans to carry out the voluntary placement agreement entered into, or judicial determination made with respect to the child; a plan for assuring that the child receives proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the home, facilitate the return of the child to his/her own home, or for permanent placement of the child; to address the needs of the child while in foster care, including a description of the appropriateness of the services that are to be provided to the child under the plan.

Purchase of Services (POS): While the purchase of services by the Department of Social Services has been discussed in Part A of this section, under the PAS system, a further discussion is presented here as it relates to the provision of services to foster children.

The Department of Social Services regulations 110CMR, 7.00 outline the Department's Purchase of Services. The Department's regulations provide for procedures for the delivery of services by providers, "every provider shall deliver services in conformance with the provisions of the contract". In addition, every provider shall utilize the eligibility criteria set forth in the contract or the Department's regulations in determining whether an applicant is eligible for the services enumerated in the provider's contract with the Department.

The purchase of services by the Department is governed by the regulations of the Executive Office of Administration and Finance, 801CMR, 25.00, and 801CMR, 4.00.

According to DSS regulations, the Department provides services in two ways: through its own direct service staff and from a wide variety of private social service providers.

While there are a wide range of services that are purchased by the Department, certain services will be discussed here as they relate to foster children. DSS regulations, 110 CMR, 7.080, defines Counseling and Case Management Services as, "services provided by a trained individual of support, intervention and/or treatment services, through a range of methods,

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to an individual or family, on an individual, family, or group basis. Counseling and case management services are provided both directly by the Department's direct service staff and by purchase of services." Purchased services are available on both an open referral and closed referral basis. "Closed referral case management services are required to conform to the Department's policies, practices, procedures, and regulations, as reflected in the provider's contract."

Counseling services are provided to meet a wide variety of needs, including:

- to prevent placement of children in substitute care
- to reduce or eliminate stress leading to abuse or neglect of children or adults
- to assist victims of abuse, neglect, sexual abuse, and domestic violence to cope with and respond to these experiences
- to prepare families for reunion when substitute care has been used and to assist families when reunions occur
- to assist parents and foster parents to strengthen their parenting skills
- to assist families, foster families or individuals to cope with crisis and develop ways to resolve the crisis
- to prepare children entering a permanent alternative family
- to assist with developmental disabilities
- to prepare children and all parties involved, for substitute care placements
- to assist children, foster families, families, to attain agreed upon service goals
- homelessness prevention
- to assist immigrants and refugees in adjustments

The Special Subcommittee has requested and received, information from the Department of Social Services, regarding the Department's Purchase of Services contracts. The information is a computer printout entitled, Partnership Agency Services, and is a Monthly Caseload/Workload Report dated February 16, 1990. It lists the partnership agencies, the ongoing caseload numbers, the FTE units, the caseload ratio, and other information, by month.

As previously stated in the section on Partnership Agencies, public monies are provided by DSS to the private provider agency, at the rate of \$65,000 allocated per social work unit, for each FTE contracted by the state to provide services. One FTE=1 social worker=18-20 cases. (There are discrepancies in

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the actual number of cases that are to be allocated per social worker - the numbers seem to vary from 17, to 18-20.) Of great concern to the members of the Subcommittee are numbers of discrepancies between the actual numbers of cases stated on the workload/caseload sheet from DSS, and the numbers of FTE Units stated. A review of these lists indicates considerable over-payments to agencies for FTE units that are unfilled, or do not contain the full number of cases for which the agency is being paid. While the Subcommittee does not wish to single out any one agency contracted by DSS, actual numbers are being used to illustrate the discrepancies. These figures and tallies are being stated below in order to encourage an evaluation of the current system of purchasing services; to determine the effectiveness of this system; to ensure that providers who service children directly exist in adequate numbers by eliminating duplications in personnel; to determine cost-effectiveness to the state; and to encourage a review to determine whether this problem area identified is accurate, and that corrective measures will be implemented immediately.

It would appear from the lists that, in any given month, or over a several month period of time, some agencies have listed certain numbers of FTE's, which they are being paid for per unit of FTE, and which have been contracted for per unit with the Department of Social Services, but the total number of cases does not equal the FTE units contracted. Examples of these discrepancies are:

	Mar89	Apr89	May89	June89	Jul89
Agency Name #1					
Caseload	0.00	0.00	0.00	0.00	0.00
FTE	0.00	0.00	0.00	2.50	2.50
Agency Name #2					
Caseload	2.00	2.00	2.00	0.00	0.00
FTE	0.50	0.50	0.50	0.00	0.00

In the first example, this agency had no cases in the months of March-July, 1989. However, during the months of June and July, they were credited with having 2.50 FTE's, and paid for these FTE's, at the rate of \$65,000 per FTE. This translates into 2.50 FTE's x 18 per FTE=45 cases. However, the agency had no cases during this time. If this interpretation from the data sheet, and from persons who have been concerned and expressed their concerns to the Subcommittee, this agency would receive \$162,500 for services contracted, but would not have any cases needing these services. Therefore the state would be paying, in this instance, a considerable amount of funds for services that are not being provided, to clients that do not exist. Even if the rates per FTE were pro-rated monthly, and not paid the yearly rate of \$65,000-

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the agency would still be receiving state funds for a non-existent caseload. Even though some agencies' month by month caseload figures fluctuate and therefore service more clients in one month than in another, the average per year of cases for many of these agencies do not total the numbers of cases expressed by the FTE Unit numbers per year. This means that the state would still be paying for contracted services for clients that do not exist.

In the second example, the agency was credited with having .50 FTE's, or 9 cases, when the FTE Unit of 18 is halved. Yet, the caseload figures for the months of March-May are only 2.0 cases, and no cases for June and July. Again, the average-yearly totals for the FTE Units are less than the total number of cases, on average, for the year. A nine case FTE, if the yearly amount were halved, totals \$32,500 paid by the state for service payments that exceed the actual caseload contracted.

These examples are only concerning two agencies. The DSS caseload/workload list contains contracted services for 72 agencies. The Subcommittee members are uncertain whether this is a complete list. While many of the agencies are credited with FTE's that do total their actual caseload, figures stated on the list for many agencies indicate that state funds are being wasted and monies paid out for services for nonexistent caseloads.

The Subcommittee has received conflicting information concerning funding for caseloads that exceed the 18 caseload per FTE Unit limit. Some information states that agencies are paid the total for each FTE, whether or not the FTE contains the full limit of 18 cases per social worker. Other information indicates that agencies receive \$3,500 for each case over the 18 cases per FTE limit. The Subcommittee has been unable to acquire accurate information to resolve this conflict, and request an immediate review of all state Purchases of Services contracts by Administration and Finance, the Department of Social Services, and an impartial, independent review board.

Types of Services and Advocacies: While the services needed and received by children in foster care are broad-based and extensive, this section discusses some services and programs as an indication of what is available to foster children, their families, and foster parents. The selections are random, or information was provided to the Special Subcommittee, and their use does not reflect any preferences for some programs over others.

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Families that are at-risk for abusing their children, or who are experiencing stressful life experiences, or other distressful situations, need a wide range of at-home services that intervene and help to prevent child abuse and neglect. These services can include child care, supportive services, counseling, parent aide services and other such programs. When effective, these services can relieve stress factors and other conditions that can lead to child abuse, or to further child abuse, if the abuse has already occurred, and thereby prevent abuse and abusive conditions. These services can often prevent the removal of a child from his/her home and placement in care.

Parent Aide Programs: According to information received by the Special Subcommittee from the National Parent Aid Association, a parent aide is a "trained, professionally supervised individual, volunteer or paid, who assists parents under stress and those whose children are at risk of abuse and neglect." The Parent Aide provides assistance to the parent by "developing a trusting relationship with the parent and by being a positive role model." The Association of Massachusetts Parent Aid Programs lists some of the issues confronting families:

- lack of child care/parenting skills
- low self-esteem
- isolation
- cognitively limited parents
- teenage pregnancy
- first-time parents
- substance abuse
- children with developmental delays
- domestic violence
- homelessness/substandard housing

The Association states that parent aides work with a parent to:

- develop parental self-confidence and self-esteem
- strengthen parenting skills
- understand realistic expectations based upon their children's capabilities
- improve problem solving, communication, and individual coping skills
- expand social contacts and reduce isolation
- enhance home management skills
- promote contact with other community resources

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The average length of individual Parent Aide involvement with a client family is from six months to one year, although some situations may require longer interventions. The parent aide works closely with other agencies and service providers, and as a member of a multi-disciplinary team servicing the family. Parent Aides work in family homes with parents and children to help:

- reduce child abuse and neglect
- provide a safer environment for children
- keep families intact
- save tax dollars

Information received states that last year, Parent Aide Programs provided services to 829 parents at-risk, 1,808 children, at an average annual cost per family of \$1,318. The average annual cost for maintaining one child in foster care is \$5,256, and in a community residence is \$35,770. Clearly, parent aide programs are cost-effective, as well as interventive in the prevention of child abuse, family conflicts and domestic violence, and in the preservation of the family. Parent Aide programs have recently had funding cut, due to the current fiscal crisis in the state. The Department of Social Services contracts with private service agencies to provide parent aide services to families needing these services.

Family Residence Pilot Project, Extended P.A.C.T. Service:

The Department of Social Services states that, "the purpose of a family residence program is to provide children and adolescents with specialized health and mental health services in a home environment. Family residences provide more structured services than specialized foster care(P.A.C.T.) in a setting less restrictive than residential care."

This program provides for children, ages birth to age 22, in need of specialized medical care, or adolescent in need of intensive services, and requires highly specialized skills on the part of caregivers. The children in these programs include infants born with Fetal Alcohol Syndrome, or Narcotics Abstinence Syndrome, children with HIV infections or syndrome, or with AIDS, and children with a medical illness. Also included are emotionally troubled adolescents and pregnant or parenting adolescents.

* Community Counseling Center of Blackstone Valley, Inc., Milford Ma.; Association of Massachusetts Parent Aide Programs; Department of Social Services; Parent Aide Management Service, A Program of New Hope Inc., Taunton, Mass. Committee for Children and Youth, Boston.

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Services for Foster Children with AIDS: In May of 1988, the Department established the AIDS Review Board, "to ensure that all infants and children in its care or custody who have AIDS, ARC, or HIV seropositive, or are at high risk for HIV seropositivity receive the highest quality medical care and social services." The Department states that children with AIDS are to be treated as any other children with serious diseases, and emphasizes the importance of confidentiality for them and their families.

The AIDS Review Board is comprised of experts in the field of AIDS and representatives of DSS, who review cases involving testing, placement, and other AIDS related issues for children in its care or custody. Physicians with the Department of Public Health are also on the Board.

Prior to testing, placement, or enrollment, all high risk children must be referred to the Board for review and approval. According to the Department's policy, a child would be considered high risk in any of the following situations:

- mother is or was an HIV drug user
- mother has been identified as HIV+
- mother has engaged in prostitution
- mother's sexual partner is or was an HIV drug user, has been identified as HIV+ or is bisexual

The Board has reviewed over 140 children, 48 of whom are HIV+. The Department projects that referrals to the Board will increase dramatically over the next year. The Board has established a Subcommittee to address issues such as confidentiality, criteria for testing, and medical treatment.

According to DSS, much of the staff education, foster parent training, and community education, is done by nurses. Each region has two FTE's, and the Family Life Center has a nurse. The Department states, "it has been increasingly difficult for the nurses to keep up with the workload generated by the increasingly complex nature - AIDS, drug addicted at birth, multi-handicapped, severe physical and/or sexual abuse - of the medical problem which the children coming into foster care have. The need for increased nursing services and consultation must be addressed in the coming months."

The Department has developed an official policy on AIDS with children, entitled, "Summary of Decision Making for Children in the Care or Custody of the Department Who Have AIDS, ARC, HIV Seropositivity and Infants Born to Mothers Who Have Engaged in High Risk Behavior". Foster families are eligible to receive up to 7 hours per week of PACT reimbursement for practicing universal precautions, and additional hours of PACT for any other medical services required by HIV involved children. The Department has established the Child Care AIDS Network, for children placed in foster homes for specialized care.

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Educational Advocate Program, Dept. of Education: This program is further discussed in the section on Education, but is briefly discussed here as it relates to services for foster children.

According to "A Handbook for Educational Advocates", "there are many children who are in the care or custody of a state agency or whose parents are unknown or unavailable. To ensure the rights of these children to a free and appropriate public education, the Mass. Dept. of Education, in collaboration with the Office for Children and DSS, has developed a program to recruit, train, appoint and support Educational Advocates." Educational Advocates have the same rights that are guaranteed for all parents or guardians with respect to special education decision-making processes as defined in the federal public law, and the Mass. Special Education law, Ch. 766.

Volunteers are recruited from the general public, particularly those involved with children's issues. Foster parents are encouraged to volunteer as Educational Advocates for children in their care.

Families Count: In January, 1990, the Executive Office of Human Services developed a new public policy, entitled, "Families Count". This program is designed to develop skilled teams to work with families most at risk, and provide them with intensive home-based services. The teams will work with the family as unit, and will provide practical help to families, and to identify and coordinate community services and resources. The program also seeks to develop new home-based and community programs for children with special needs, and to encourage the prevention of children being removed from their homes, and maintaining intact families whenever possible.

According to EOHS, "the underlying principle of Families Count is that families provide the most basic and nurturing environment for rearing children." The support for families is intended to:

- prevent foster care or residential placements
- return children home or to a community program
- better identify at-risk families and develop appropriate service plans

Projections are that in the first year of its operation, Families Count will service over 1,000 families in crisis. The Action Plan for Families Count is outlined on the following pages.

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The Mass. Committee for Children and Youth issued a report in August, 1988. The report, "Report on Compliance with the MCCY/DSS Agreement for the Protection of Abused and Neglected Children", discusses several areas of compliance. One of the areas contained in the agreement is that DSS will conduct an Area-Based Needs Assessment, on an annual basis, by implementing a survey "which will identify and quantify unmet needs and which will be completed by every Area Director and Area Board. The survey will list every service provided by DSS and shall require respondents to state the quantity of each service available to DSS in the Area and needed to fulfill unmet needs." A plan for the annual needs assessment is to be developed by May 1 of each year. According to MCCY, DSS was in partial compliance with this provision of the agreement. However, this information should be updated.

5. Re-evaluation of Foster Parents and Foster Homes. By regulation, DSS is to re-evaluate foster homes and foster parents annually, and is to use the following procedure:

- a. re-evaluation materials are to be sent to foster parents
- b. foster parents are to be interviewed at home; DSS shall interview social workers involved in the case; there must be a written summary of the interviews; the foster parents file is reviewed for written correspondence, attendance at training sessions, the extent of the foster parents' involvement in service plans, etc.; a written evaluation is to be prepared identifying strengths and weaknesses, recommendations, etc. Foster parents receive a copy of the evaluation; a CORI check and Central Registry check is conducted, and references contacted.
- c. DSS is to reach a decision within 10 days after the evaluation, and notify the foster parents

The DSS regulations state conditions for the removal of foster children from foster homes. If the Department learns of "any circumstances that could affect the foster parent's provision of, or ability to provide, adequate foster care; or whenever the Department learns of any circumstance which would cause the Department to impose or remove any restrictions or limitations on the identity or characteristics of children to be placed or already placed in the foster home; or whenever the Department learns of any circumstance which would cause the Department to increase or decrease the maximum number of child-

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ren who may be placed in the foster home, the Department may perform a limited re-evaluation of the foster parent and/or foster home", in accordance with a procedure specified in the regulations. After the written notice is given to the foster parents, DSS may perform or complete the limited re-evaluation. The Department must then prepare a written report of findings and conclusions, to be entered into the foster parents' file.

6. Termination of Care. OFC regulations state the conditions of when and under what circumstances children are terminated from remaining in foster homes. 102CMR, 4.11, state, "as soon as the licensee determines that the parent or parents are able to assume parental responsibility for the child, or as provided in the agreement between the parents and the licensee, the child and the family shall be reunited."

Prior to the termination of care, a termination plan shall be developed for children in foster care or group care. The plan includes a consultation with parents, foster parents, or the group care facility, and other personnel involved in the development and implementation of the child's service plan.

The plan is to be written, and is to be explained to the child, the child's parents, foster parents or group care facility, and to any agency having custody or guardianship of the child. A copy of the plan is to be made available, on request, to these persons or agencies.

The OFC regulations state the requirements for termination:

- a. planning for termination shall include provisions for appropriate services in the child's new environment
- b. parties responsible for providing after-care services shall be identified

The regulations provide for a written discharge summary when foster care or group care placements terminate on an emergency basis. The regulations require consultations with those involved in the service plan.

The licensee is required, under regulations, to "maintain contact with each child for at least one year after termination of foster care or group care, and shall provide on-going services as necessary to facilitate the child's adjustment to his new environment and to maintain the goals of the service plan." If the contact is not maintained, a written explanation must be placed in the child's record.

If a child dies in foster care or group care, the licensee is to immediately notify the child's parents and the agency having custody or guardianship of the child. The licensee is to also cooperate in arrangements for examination, autopsy and burial.

Section II: THE FOSTER CARE SYSTEM, PART B
FINDINGS AND RECOMMENDATIONS

B. Distribution and Location of Foster Homes; Types of Foster Care Placements; Needs of Foster Children; Service Plans and Service Delivery; Foster Parents; Re-Evaluation of Foster Homes; Termination of Care.

1. Distribution and Location of Foster Homes.

- a. When requested to send the Special Subcommittee lists of the distribution and location of foster homes and foster children, the Dept. of Social Services was unable to provide the members with this information. The Dept. was unable to provide the members with an inventory of foster children by areas of the state. The Office for Children was able to provide the members with a partial list of contracted private service providers, who license/approve foster homes. This list did not provide a breakdown of the location and distribution of foster homes and foster children.

The Department of Social Services, both Centrally and by Regional Office, should facilitate and expedite a complete inventory of all children in foster care. Since this problem area was identified as a problem area, and in order to comply with federal requirements, DSS has begun to inventory all children in foster care.

The Subcommittee recommends that a system of tracking and monitoring children in care, by distribution and location across the state, accompany the inventory, and that the inventory be kept updated on a narrow, scheduled, periodic basis. When requested by the Special Subcommittee, some DSS Area Offices, and some private contracted providers were able to provide the members with numbers of foster children and numbers of foster homes. However, while these requests were complied with in a very cooperative and positive manner, the lists were not comprehensive on a regional, local, or statewide basis.

A statistical analysis of the location and distribution, number of placements, placement changes, multiple status children, and categories of foster children should be included in the inventory. The number capacity of each foster home, by individual home and by area of the state, should be included in the inventory. All statistical data should be incorporated into the Department's ongoing computerized ASSIST data records.

Section II: Findings and Recommendations, Part B

The Special Subcommittee recommends that, since more than one agency purchases clusters of services from the same private providers, ASSIST records should contain data that resolves instances of where the same child may be serviced by more than one agency, in order to prevent duplication of numbers.

- b. The Subcommittee received caseload/workload reports from DSS on some of the Partnership Agency Services programs. It is unclear which of the numbers indicated in the reports are foster children.

The Reports should contain indicators of caseload/workload data that refers to foster children, and to the amount of time each child is in care. Information such as periodic review, FCRU, and other evaluative data, service plan reviews, and other pertinent information, in terms of frequency data, should be included in the Reports.

- c. Information received by the Special Subcommittee, while conflicted, indicates serious problems that could be detrimental to foster children in terms of reduced services and excessive expense.

While this area is further discussed later in this section, and in Part A, it is a problem area of some magnitude, and was contained in the information received on the distribution and location of foster homes and children. This area requires further extensive study and in-depth review and analysis. Short-term and longitudinal effectiveness studies and outcome analyses are required.

- d. The members are concerned about the PAS-2 system discussed briefly on page 102. The Department's information indicates that for each social worker, the ratio is 30 foster homes, with the worker providing 20 hours of training to each home, and aiding the family in receiving needed services.

The ratio of 30 foster homes to one social worker should be reduced, and a streamlined system developed to ensure that foster homes are serviced and supported to the fullest extent possible, according to need. A feasibility study should be conducted to determine inter-agency coordination and cooperation, with an intent on reducing the caseload ratios.

Section II: Findings and Recommendations, Part B.

e. The Department of Social Services does not have a state-wide, comprehensive plan to locate and identify foster homes foster children in care, either through public or private agencies.

The Department of Social Services should continue to develop and implement a comprehensive, statewide plan and computerized and personnel inventory to identify and locate all children in care on an ongoing basis. Goals of permanency planning, placement appropriateness, and other vital data should be included in the plan and inventory.

2. Types of Placements and Types of Foster Homes; How Children Enter Foster Care.

a. Findings from Volume I on voluntary placements are applicable in this section, and are complementary to information received by the Foster Care Subcommittee from parents who have placed their children in foster care. Information received states that, after placement, natural parents often do not know where their children are placed, and often do not receive a regular schedule of visits. Natural parents are not always informed of changes in placements.

Regulations and statutes regarding voluntary placements and agreements should be strengthened to be more defined and specific regarding the rights and responsibilities of all parties involved.

Natural parents must be included in all aspects of the agreements and placements, and be provided with a clearly defined understanding of their rights and responsibilities, and all terms of the agreements for placement.

All parties to the voluntary agreement, including natural parents, agency workers, service providers, foster parents, and the child, when possible, should work in partnership with one another, in determining timeframes, needs assessments, visitations, services to all parties, and progress reports.

b. Parents who voluntarily place their children in foster care, at times, do not understand the terms of the agreement, the service plan, their rights, and responsibilities, and other aspects of their child's placement in care. By statute, natural parents do not abrogate their rights and responsibilities through a voluntary agreement.

Section II: Findings and Recommendations, Part B.

Parents placing their children in foster care on a voluntary basis, should receive training and education to ensure a clear understanding of the terms of voluntary placements, and their rights as natural parents. The relationship between foster parents and biological parents should be defined and clarified to ensure mutual understanding and cooperation in the best interests of the child.

The coordination of efforts toward reunification of the parents with their child should be included in the service plan.

Parents placing their children in voluntary care, or who ask for services, should have an absolute understanding of all conditions, rights, responsibilities and terms of any agreements before becoming partners to such agreements, and before relinquishing their children for placement.

Parents voluntarily placing their children in care, and foster parents should be advised on any grievance procedures in the event of disagreement over the terms of an agreement.

c. Parents who had placed their children voluntarily in foster care stated to the members that they often do not see social workers, or know who they are. Parents stated that they do not always see their children, and do not have a schedule of visits with their children.

A schedule of visits between the natural parents and their children should be included in the agreement, and should be evaluated during reviews of the service plans. All components of the service plans should be identified and reviewed within a specified time frame known to natural parents and all parties.

d. In Volume I, and in information provided to the members, it was established that frequently natural parents who place their children voluntarily in care are not always informed of illnesses, serious injuries, or abusive conditions to their children, or of other children in the same foster home.

The members of the Subcommittee have filed a legislative proposal, House 5788, which would require the Department of Social Services to notify the natural parents of a child, when appropriate and in the best interests of the child, when the child has been injured due to abuse, or is ill, or other abusive conditions exist. When appropriate, the natural parents are to be included in plans for moving the child to another placement.

Section II: Findings and Recommendations, Part B.

The members recommend passage of this legislation, to ensure that, whenever appropriate and in the best interests of the child, biological parents receive notification of illnesses and injuries of their children while in foster care, and will be part of the decision-making when children are moved from one placement to another.

The members recommend that the premises contained in the legislative proposal be put into policies and regulations of the Department of Social Services, and that biological parents placing their children in foster care be informed of their rights.

e. In July of 1988, DSS adopted standards and guidelines for placement/no placement decisions for children in care, and included a reference to these standards in Ch. 119, s.23. According to information received by the Special Subcommittee, to date, the Department has not defined the state standards of minimally acceptable child welfare, nor has the Department developed guidelines for these standards.

The Special Subcommittee recommends that the Department of Social Services expedite the development and implementation of standards and guidelines for use in the decision-making of when children are to be removed from their homes, and for when children need to be placed, or not placed, in foster care, or other form of substitute care. Concurrent with the implementation of standards and guidelines, DSS should implement training sessions of the application of the standards and guidelines.

The Special Subcommittee supports the passage of S.623, relating to such guidelines and standards, which would hold DSS accountable for compliance with specific public policy regarding the removal of children from their homes, and subsequent placement in substitute care.

f. DSS regulations state that, when a parent or parents request substitute care, and when this request is supported by a needs assessment, the Department may accept a child for substitute care. Each voluntary placement is to be accompanied by the completion of a Voluntary Placement Agreement between the parent and the Department.

The Subcommittee recommends that the needs assessment of the child be an objective and comprehensive assessment and evaluation of the full range of the child's needs, and that the findings of the assessment be fully discussed with the parents before a placement decision is made.

Section II: Findings and Recommendations, Part B.

When appropriate, preventive measures, programs, and support services should be provided, or offered to, and discussed with the parents, prior to the completion of the Voluntary Agreement.

Prior to the completion of the Voluntary Agreement, parents should be informed of all rights, responsibilities, visitation schedules, and terms of the Agreement.

g. While the DSS regulations state that Voluntary Agreements automatically terminate in six months, and must be re-executed if placement is to continue, the conditions for extension of the Agreement, and situational circumstances of continuance, are not explicit, or clearly definable in mutual partnership terms.

Conditions for a re-execution of, or extension of, a Voluntary Agreement for placement in care, must be explicitly stated, in written form, and through discussion with the parents, by the Department. Whenever possible, an updated needs assessment and evaluation on the child should precede any extension of the Voluntary Agreement.

h. While DSS regulations state that a Voluntary Agreement may be terminated by one or both parents by giving written notice, the regulations also state that the Department must honor the Agreement for 72 hours. During this period, if the Department believes that the child is at-risk for abuse, it may begin court proceedings to obtain custody.

The regulations, and statute, should contain a provision that the Department may not proceed with court proceedings until the parents have been notified of the findings, the reasons for the court proceedings, and the rights the parents have under these conditions.

This procedure should contain a mechanism for initiation of an investigation by DSS, with prior notification to the parents, stating the Department's reasoning for seeking court proceedings, and stating the premises upon which DSS has reason to believe the child would be at-risk, if returned home.

i. At a public hearing of the Special Subcommittee, the Commissioner of DSS stated that DSS can waive the 72 hour period, and revoke a voluntary agreement within 48 hours, and seek custody of the child.

There should be protective measures implemented to ensure that natural parents' rights are preserved, and that the grounds for the Department's revocation of the Agreement are thoroughly discussed with the parents, and expressly

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stated. All channels of recourse and redress should be explicitly communicated to the parents.

j. DSS regulations state that no child may be interviewed by police officers, district attorneys, and other such persons, without the parents' permission, if possible and appropriate.

While recognizing that, in certain circumstances, obtaining parental permission for interviews may not be appropriate, the members recommend that all measures be taken to ensure that parents retain their rights in this area, and in all aspects, using the standard of the best interests of the child.

The interviewing of children, and the application of the standard, "best interests of the child", are further discussed in Section 4.

The Special Subcommittee recommends that interviews with children be kept at a minimal level, and be done in conjunction with multidisciplinary teams, whenever possible. The child should be afforded all rights and protections during interviewing and other aspects of an investigation process.

k. DSS is implementing a sliding fee scale on certain services provided by the agency. The members are concerned that low income parents voluntarily placing their children in care pay be forced to pay unfair fees for placement.

The Department should provide exemptions from sliding fee scales for certain low income families. The Special Subcommittee recommends that measures be taken to exclude disincentives such as unfair fees from voluntary placement of children in foster care, when a family is in crisis.

When appropriate, all placement policies for children in foster care and substitute care should include a fair fee policy, with exemptions for low income families.

l. Statutory requirements and regulations state the conditions for court-ordered placements of children in foster care. The members repeatedly heard from parents, professionals, and others in the foster care field that, frequently, children are prematurely removed from their homes, are often removed for subjective reasons or for conditions such as poverty, and are removed from their homes without application of standards and guidelines to be followed by DSS or private agency social workers.

The members recommend that standards and guidelines for use by the Department be adopted and implemented, as previously discussed in this section.

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The members strongly urge that standards and guidelines developed and implemented by the Department include specific mechanisms to prevent decisions to remove children from their homes that are based on conditions of poverty, ill-health, or are due to other social-economic conditions alone.

The members recommend that, when the above conditions do exist, the Department's evaluation of the home shall include the influencing factors as part of their need assessment, what specific measures shall be taken by the Department to ensure prevention of removal of the child, and what programs shall be offered to the family as preventive services. The Department shall provide training to all social workers to improve abilities to understand and discern differences between family situations that are experiencing deprivation and social-economic stressors, and those that are experiencing truly abusive conditions that involve children.

m. Chapter 119, s. 23 of the Mass. General Laws states the procedures necessary to remove the child from his/her home and place the child in the care of the Department of Social Services through a court-order. The statute refers to "a reasonable search" that must be conducted by the courts before a child is determined to be in need of care and protection from DSS.

The statute, all regulations of the Department, and judicial procedures involving decisions to remove/place children, should include needs assessments and evaluation procedures that are available to the court prior to the decision to place the child in the custody of DSS. The court should have available for evaluation all factors influencing the family situation, preventive services that have been offered to the family, and prevention measures that have been put in place to prevent removal of the child in the first instance.

The members of the Subcommittee recommend that DSS, representatives of the judicial process, and other agencies, review the entire process of removal/placement of a child through the courts, with a view and intent of determining if there should be a pre-removal, or interim period, during which DSS would take specific preventive measures, and offer services to the family. While the courts could be made aware of this interim period through the probation department, etc., there should be no court intervention until certain specific measures have been implemented. Since DSS can offer services to a family without court intervention, the interim

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period should have the intention of preventing court intervention and removal of the child, with subsequent placement in foster care. Standards and guidelines developed and implemented should be applicable to the interim period, as an integral component of the decision-making process. The members have filed House 996, which would require DSS to implement standards. This area is discussed in the section on Courts and the Court Process.

The members agree with the statutory provision that calls for a 72 hour custody period for DSS on a temporary basis, when the child has been abused, or is endangered at home. However, the members recommend that even when abuse has occurred to the child, or the child is endangered, the court should have all information vitally necessary made available as part of the "reasonable search" process, and in the subsequent decision-making process. Family members should be informed, in writing when appropriate and feasible, of all rights, measures taken, needs assessment information, and all other reasons for the decision and outcome of the decision.

n. The members have heard that private contracted service providers-social workers cannot "take custody" on behalf of DSS at any court decisions involving children in care and protection proceedings. This process, or lack of it, would seem to promote duplication of effort and human and financial expenditures in that public social workers and private social workers may both simultaneously be working with the same child or family, and that private social workers may have to "receive" a child from a public social worker.

The members recommend that this area be carefully reviewed, and corrective measures be put in place to prevent and reduce costly duplication of effort, or impractical role-functioning between private and public social workers. While DSS is the public statutorily appointed agency to receive children for care and protection, the practice of purchasing services from private providers may be in conflict with the statutory provisions that are applicable only to publicly-authorized social workers.

Since the "best interests of the child" is the primary intent of all statutes, regulations, and policies, these areas of conflict must all be evaluated through an impartial method, to facilitate measures, practices, and service provision that functions to serve the "best interests of the child", and the family's servicing needs. The Special Subcommittee members will continue to review this area.

o. The statutory provisions also state that a child may be committed to the Department without a hearing or notice, if the parents or guardian consent to such commitment.

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The members recommend that no commitment to the Department may take place until the parents have been fully advised of their rights, the procedures that will take place, the reasons for these procedures, and the outcome of the decision. The parents should also be informed of all rights concerning the immediate process and decision-making, and all future parts of the process that involves their child or children - placement in foster care, future court procedures, service plans, and other such events involving the child.

While the members recognize that, in certain serious conditions where abuse has taken place, or the child is seriously endangered, some of these recommendations may not be appropriate or feasible. However, the parents should always be informed of their rights and the procedural conditions, under all circumstances.

p. The members heard that, frequently in court procedures, judges and probation officers, and others involved, are not always provided with the full range of information, needs assessment, and other information vitally needed to make informed decisions about the present/future status of the child. Therefore decisions concerning removal of the child from his/her home, placement in foster care or substitute care, and other such decisions, are not always appropriate. Also, parents and children/youth are not always provided with information concerning their rights, including their right to seek and meet with legal counsel.

While the courts, court procedures, and recommendations for improving court processes concerning children and youth are discussed later in this section, the members recommend that the courts make no decisions regarding the present or future status of the child without full and adequate information, including a needs assessment and recommendations from appropriate professionals, counselors, etc. Previous recommendations of the Special Subcommittee are applicable to this area.

Parents should always be informed of their rights under statutory and regulatory provisions, and should be informed in writing of their right to legal counsel, and to appeal, and what this entails. Parents should have access to all information and evaluations conducted by or through DSS, the courts, probation, or any other state agency.

q. The statutory provisions state that there can be no request to the court for a review of the child's situation less than 6 months after an original decision has been made.

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While the members recognize that a court review may not be necessary in certain cases more than once every six months, there are numbers of cases that should be more periodically reviewed as circumstances change, or the child's or family's situations are altered. The members recommend that there be some interim procedures implemented that address this area, and some interim measures taken, when the conditions have changed. No child should be kept in a placement that is not necessary, simply because the law states that there is no other recourse except during a certain arbitrary time period. The members therefore recommend that some specific measures be implemented that enables parents to have recourse, in conjunction with DSS, to alter a placement situation, or status of the child, when conditions leading to the original decision for the child have been altered, or the parents have made initiatives to change conditions, or service deliveries have been completed and are effective.

r. The statute provides that orders regarding the status of the child and/or placement decisions relating to the child, should state whether "reasonable efforts were made, prior to the placement of a child in foster care to prevent or eliminate the need for removal of the child from his/her home; and whether reasonable efforts were made, after the placement of a child in foster care, to make it possible for the child to return to his/her home."

The members recommend that the statute be revised to include definitions of, and what constitutes, "reasonable efforts", and what these efforts are to consist of, in all decision-making relating to the status of the child - present or future.

s. The members heard from testimony at public hearings, from Greater Boston Legal Services and others, that Mass. was not in compliance with federal requirements regarding placement of children in foster care. The concerns expressed related especially to voluntary placements, wherein there are no provisions for dispositional hearings for such placements.

The members fully supported the passage of a bill to provide for more periodic reviews of children placed in care through voluntary agreements. This area is further discussed later in this section, and in the section on the Child Welfare Act and federal reimbursements.

t. Statutory provisions state that "the reasons for the placement of any such child shall be entered in the records of the department."

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The members recommend that stating the "reasons" for the placement of the child does not provide enough substantive information to justify the child's placement. The information should also include conditions/standards, and guidelines used in the decision-making process, and how the standards are applicable in the particular case. Evaluative information about the child and the family should also be included.

u. The members heard, and received information stating that there is a need for more in-home services, and support services for families at-risk for abusive conditions, or who are in need of support during times of crisis, ill-health, or other problems.

The Department of Social Services should develop and consolidate a core cluster of services, both available and newly developed, to be put in place in a timely manner for families at-risk, or who are experiencing family crises. Services should be on an immediately interim basis, as needed, until a full assessment can be conducted, and a second-stage cluster of services can be provided. Critical to the provision of in-home services that are preventive is an ongoing evaluative procedure to alter and revise services as needed, and to provide input to the family and to service providers, counselors, etc. as to the progress of the family in resolving their crises or conflicts.

v. The Women's Alliance has addressed areas of concern regarding the removal of children from their homes, and has developed a list of 36 specific complaints against DSS, based on the premise that the Department often discriminates against low-income women in determining "abusive" conditions. The Alliance has provided the members with information relating to their concerns.

The members recommend that the Department of Social Services comprehensively and impartially review the complaints offered by the Women's Alliance, and take specific measures to rectify grievances, and corrective remedies to lessen and eliminate discrimination against poor women and their children. DSS should conduct impartial evaluations on the existence of such practices - the extent and degree of the practices, and the measures to be taken to eliminate negative practices by DSS and its social workers.

Standards and guidelines for decision-making should be applied to this area. Training sessions for social workers should be included in any corrective plan developed by the Department of Social Services.

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w. Information reviewed by the Special Subcommittee indicates that Massachusetts removes more children from their homes more than most other states.

The members recommend further study and statistical data in this area. Appropriate state agencies, together with probation departments and court representatives, should work together to determine why this is true, what the reasons are for the high child removal rate, what other states do as alternatives to removal, and what measures may be implemented to revise and improve the policies, statutes, and regulations, governing these procedures. Agencies and others should also review servicing networks to determine what may be put in place to prevent unnecessary removals of children from their homes.

x. The Special Subcommittee heard, and received information regarding child-specific, or restricted, foster homes, in which the child leaves his/her own home, and "finds" the foster home him-her self.

The members recommend that DSS develop an outreach program, or expand on existing resources, to track and monitor this category of children, to ensure the appropriate provision of services, and to ensure that the "found", or child-specific home is appropriate, safe, and in the best interests of the child.

y. The members requested information from DSS concerning child-specific homes, and the status of the children living in them. The members heard at public hearings, and from other sources, that child-specific homes are not always in the best interests of the child, and are not always appropriate. The members heard that there are no standards governing procedures for placement and monitoring of these children, and that the Department is not always involved in the care, placement, and monitoring of children in these homes.

While DSS assured the members that restricted, or child-specific are some of the best foster homes that children can be placed in, the Department admitted that they are not always involved in the placement and monitoring of children in these homes, and are not always aware that children have left their own homes, and are living in homes they have "found".

The Department only becomes involved in they are able to track the child through a report, or if the placement has been brought to the attention of DSS through other means.

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While the members are aware that most often these homes are in the best interests of the child, and that the children are in the care of well-intentioned persons such as relatives, teachers, friends, etc., the members are concerned about those cases when the child leaves home for unknown reasons, and lives with other persons, also for unknown reasons.

While this area needs further study, the members recommend that some mechanisms be developed by the Department to ensure that the placements of these children are identified, that evaluations of the child's original home take place to determine reunification possibilities, to track and monitor the progress of the child in the "found" home, and to ensure that the child is living in appropriate, safe, and adequate conditions. While court interventions may not be necessary in these cases, nor intrusive practices and policies, the members recommend that an informal review take place in these foster homes, in cooperation with the foster parents, or relatives, etc., after a determination of the reasons for the child leaving his/her home has taken place. A second stage would be implemented if it is determined that there are concerns with the new placement, or its appropriateness, or the reasons that the child is living in the home, or other such conditions.

z. The members heard that unrestricted foster families are required to attend MAPP training sessions, but that restricted or child-specific families do not.

While it may not be necessary for all child-specific foster families to take part in MAPP training sessions, this program should be offered to them as an option, and some families should be encouraged to participate in the full MAPP training sessions, or be offered a "mini" version.

aa. The members heard that many children in foster care are moved from one placement to another, or move through the foster care system and get caught in a "drift", with no real goals or permanency placement options available to them.

While this area is discussed throughout this report, and recommendations permeate each section, the members recommend that exceptional measures be implemented, and current practices and policies reviewed to prevent frequent moves, placements or re-placements of foster children, and to ensure that all children placed in foster care are reviewed within specified timeframes and are provided with updated service plans and permanency planning provisions.

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The Department of Social Services should develop and implement a comprehensive family-based plan for every child in the care of DSS. The plan should have integrated mechanisms for tracking and monitoring all children, with a philosophy of permanency planning and a sensitivity and commitment to linguistic, cultural, and racial concerns of minority children and families.

The plan should also reflect the changing needs of all children in foster care, and should reflect practices and policies altered to meet the changing needs.

Needs of Foster Children; Information on Foster Children.

a. Both OFC and DSS regulations provide for a needs assessment for children placed in foster care, and specifically outline what the assessment is to include. The members have heard that these assessments are not always conducted, or are not conducted on a comprehensive basis.

The members recommend that all necessary measures be taken to ensure that comprehensive medical, educational, psychological, and other such relative evaluations be conducted on all children entering foster care, in a timely manner, and that such information be provided to foster parents, and, when appropriate, natural parents.

The members are proposing a legislative amendment to current statutes adding this provision.

While the regulations do not specify who is to conduct the evaluations and needs assessments, the members recommend that appropriate professionals each conduct a component of the evaluation relative to their individual disciplines.

b. The regulations governing this area state that the "licensee" is the person to conduct the evaluations.

While the licensee may be the appropriate person to assemble available information on the child, and to obtain records that have been completed, the licensee may not always be the appropriate person to conduct such comprehensive evaluations. The recommendations stated above would also apply here. Also, the role and function of the licensee should be specified, as the licensee is not always the social worker, or professional handling the case, and may be either a public DSS social worker or supervisor, or a contracted private provider. Case management and coordination of resources and personnel should be provided to foster children.

The members recommend that all evaluations be updated on a regular basis, and service plans altered to meet any changing needs in the child's evaluations.

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c. The regulations of DSS state that "the licensee shall arrange for the education of each child....and shall document the child's educational plan in the child's record."

The members recommend that the child's educational plan as it relates to foster care placement of the child, should be coordinated with the child's school educational plan, if one is available. This is especially applicable to special needs children.

The regulations should specifically state what is to be included in the definition and applicability of the child's "educational plan" as it relates to the service plan and other information regarding the foster child.

d. The members heard that essential information was, at times, withheld from foster parents when children are placed, and often Medical Passports and accompanying necessary health and medical information were not provided to foster parents.

Only 70% of foster parents receive the Medical Passport, and more than this percentage do not receive other vital medical and health information. The members heard that the Medical Passports were often not kept updated.

The members heard that Medical Passports were often not reviewed by the social worker, encounter forms for hospital-clinic visits were not filled out, and included with the Passport, and the notification system by which certain persons were to be kept informed of the child's health status by use of the Medical Passport was confusing and inconsistent.

The Special Subcommittee recommends that the Medical Passport system should be updated and enforced, possibly by statute, and should be implemented 100% statewide for all foster children.

The Passport system should be periodically reviewed, and for foster children with special needs, or moderate or severe difficulties, reviews should be more frequently scheduled.

Whenever the foster child receives medical/health care, encounter forms should be filled out. Conditions by which the social worker, the biological parents, or any other person, should be contacted regarding the reason for the visit, and regarding the outcome of the visit, should be clearly defined in the notification system accompanying the Medical Passport.

House 386, filed by the Special Subcommittee, would require DSS to expand the Medical Passport system to include other essential information contained in the child profile that is to be provided to the foster parents at the time of placement, or within 10 days in cases of emergency placements.

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The Medical Passport system, together with the child profile, should be immediately available to the foster parents at the time of placement, should be regularly reviewed and updated, and should precede or accompany the child at the time of any placement changes.

There should be training sessions conducted with foster parents, hospital and health care personnel, counselors and mental health workers, and anyone else having responsibility for the contents of the child profile, to ensure that proper use and notification procedures are understood and implemented by all parties involved.

e. The members heard, and it was apparent in the cases of Henry Gallop and Arron Johnson, that natural parents are not always informed of serious injuries, medical or health problems, or other vital information regarding the well-being of their children.

The members recommend that whenever a child in foster care visits a hospital or clinic, and receives treatment for injuries or illnesses of "suspicious origins", or "unknown causes", or suspicions of abuse, neglect, or sexual abuse, the treating physician should immediately notify DSS and the foster parents. The DSS social worker should immediately notify the natural parent or parents. Training is needed in these procedures for all responsible parties.

The members have filed House 5788, which would require DSS, as one provision, to notify the natural parents and inform them whenever their child or children experience a serious injury, are ill or require medical care, or have been abused or neglected. When appropriate, the Department is to notify natural parents of other children in the foster home, and include the parents in other placement decisions.

f. While OFC regulations state that six is the maximum number of foster children allowed in any one foster home, the members heard that frequently there are "multiple-status" children placed in, or in the care of, one foster home. A foster home can be licensed as a family day care home, approved as a foster home, and also have adoptive and biological children all living together in one home. The members have determined that there is no limit to the total number of children in a foster home. There are no provisions for a full and total assessment of all combined children in a home.

The members recommend that the needs of all children placed in any one foster home should be a strong determinant factor of how many children foster parents are able to provide for in their home. The number of children in a foster

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home should not outweigh the complexity of the needs of the children placed there.

The collective needs, and impact of these needs, of all members of the household in a foster family, should be fully assessed on an ongoing basis, and adjustments made in placement considerations. The collective assessment should include the numbers of foster children, day care children, biological children and such factors, along with the needs of all individuals in the household.

Service plans should include the family composition and other factors. There should be a family service plan developed that reflects the needs of the family unit and the individual members, and that reflects the support services required by the family as a unit. The family service plan should include a needs assessment of the full family unit, along with individual family members.

g. Multiple-agency placements of multiple-status children are not always coordinated, nor placed and serviced on a mutually cooperative, interagency basis. Often these children, individually, and in combination, experience a wide and diverse range of needs, and cross an extensive age range.

Agency workers should develop an interagency pact that includes channels of communication, needs of the children, and factors that would aid in determining the collective numbers of children in the household that should be allowed.

While some of these recommendations of the Special Subcommittee have been put in place as a result of Volume I, this area remains a problem area.

Interagency agreements should include a thorough assessment of needs of the children, especially when the children have special needs and problem behaviors.

All agencies should review their policies, statutes, and regulations, and make amendments to conform to recommendations proposed. The amendments should reflect that numbers of children allowed in a foster home be determined by the composition of all household members and a full family profile.

h. The members consistently heard that foster parents often do not receive information on children placed in their care, either prior to placement, or after placement occurs. Many foster parents stated that they had never received information on the child or teenager placed with them. Some foster parents felt they had been misled, or given inaccurate information about children placed in their homes, because DSS was fearful the foster parents would refuse to take the child.

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Both OFC and DSS are in non-compliance and in violation of their respective regulations, by not providing adequate information on foster children to foster parents. The members have filed House 386, An Act Relative to the Placement of Children in Foster Care, which would require DSS to provide a child profile to all foster parents at the time of placement, or within ten days of placement in emergency situations. The bill provides that the child profile should contain information, including positive characteristics, strengths, personality likes and dislikes, that is necessary to the well-being, care and protection, and parenting by the foster parents. The bill was amended to require the Dept. of Mental Health and the Dept. of Youth Services to provide a child profile to foster parents. Whenever appropriate, foster children and youth should be included in the development of the child profile.

The child profile should include a full assessment of the needs of the child, and should be updated on an ongoing basis.

i. The Mass. Adolescent Sexual Offenders Coalition of the New England Adolescent Research Institute provided the members with information about the numbers of juvenile sex offenders who are being placed in foster care, and the numbers of these youth who re-offend against other youth in foster care.

The members support the Coalition's recommendations, and recommend that these youth be placed in specialized programs that do not have other foster teenagers or children who may become victims of the offenders. Appropriate placements must be a priority for these youth. There is a need for preventive and interventive programs and services to meet the needs of juvenile offenders. The members concur with the Coalition's recommendations that social workers and foster parents, and natural parents need training and diagnostic skills in working with this population.

The members support initiatives by DSS to establish PAYA - a program that helps teenagers to prepare for the transition from foster care to self-sufficient young adulthood, and that helps them to master life skills. The members also support "Commonworks", and recommends expansion of both of these programs.

j. Many teenagers who testified at the public hearings stated that they had not met the foster parents before their placement in the foster home. Some youth also stated that others perceive them in a negative manner, and apply stereotypes such as "foster kids steal".

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The members recommend that, whenever possible, a pre-introductory period between the foster children and teens, and the foster parents should take place before or during court procedures, placements, or movements from one placement to another.

If time allows, in certain cases, informal visits and introductory sessions should take place between the children or youth, and the prospective foster parents. During this period, all those involved could get to know each other before living in the same household.

When feasible, teenagers and younger children need an orientation period before placement in foster care.

There is a need for training of all parties involved, and public awareness education about, eliminating stereotypes of foster children. Perceptions of foster children, such as "they all steal", are generalized to all foster children, and only serve to reinforce such behaviors in foster children, or to further undermine feelings of self-worth. Programs and media awareness/education programs should be developed and implemented to address these areas.

Young people need a comprehensive range of services and programs focusing on experiences of abuse and violence, how to act and behave in certain situations, and how to relate to their particular environment. Teenagers need information and practical knowledge on how to successfully make transitions in personal and general growth and development stages, problem solving and conflict resolution, sexual activity, and preventive behavior, drug and alcohol abuse, AIDS prevention and treatment, self-esteem and confidence-building skills, and employment development skills education and training.

k. There is a lack of culture-specific programs, and programs dealing with cross-cultural sensitivity for both foster parents and foster children.

There is an urgent and widespread need for culture-specific programs and cross-cultural sensitivity in the identification of needs and provision of services and programs.

Social workers, and services provided by them or through them, should be sensitized to the needs in communities of people of color and other ethnic, cultural, and linguistic identities, and to the needs of foster parents who provide homes in them. Social workers should maintain a rigid schedule of visits to the homes of foster parents in these communities.

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There is a need for support systems in communities of people of color and other ethnic and linguistic groups, and services for multilingual populations are inadequate. Sensitivity training and services, outreach and education, should reach these foster families through direct approaches and services. There is a need for an array of services that will focus on ethnic, cultural, and linguistic variations.

There is a significant need for state agencies to conduct extensive outreach, education, and awareness, to recruit and maintain foster parents in communities of color and other ethnic groups, who are able to provide appropriate and relevant foster homes to children needing homes with diverse ethnic, cultural, and linguistic differences. These foster families should be provided with a full range of programs, services, and support systems relevant to their needs.

There is a significant need for in-home supportive services and programs for preventive measures for natural parents, prior to removal and placement, and subsequent to removal of a child and placement in foster care.

1. There is a lack of focus on the rights of foster children, and a lack of concentrated inclusion of them in their own planning, servicing, needs assessment, placement in care, and ensuing foster family life.

The members support the recent federal decision that states foster children have a constitutional right to due process, and to be free from harm and abuse, and to be provided with good homes and positive foster care.

While foster parents provide support, care, nurturance and continuity, and make efforts to include children and youth in their family life, systems that are designed to provide support and services should include the child or youth who is the central person in the planning and programming, the legal status, and present and future plans and decisions relating to the child or youth.

When feasible and appropriate, children and teenagers should be included in case reviews, planning and placement sessions, and other processes involving their own placement in foster care.

State agencies, natural parents, foster families, and youth should be involved in the development of a "Bill of Rights" for foster children, that should specifically include areas where the youth should be included in their own foster family life programs, services, educational plan, case reviews, etc. The plan should also include what rights, with accompanying responsibilities, foster children should experience while in foster care. Foster children should at all times be treated equitably and fairly, and in no less manner than any other child.

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Decisions on the appropriate type of environment for a child needing foster care, should be made with input from the child, on a case by case basis, and should be made at the area and community level whenever possible. The premier standard for placing the child should be whether the home is the most suitable environment for the child.

Included in the "Bill of Rights" should be avenues of communication for the youth, or recourse for communicating concerns, problems, and other needs.

4. Service Plans; Child Placement Agreement; Permanency Planning; Services to Foster Children; Advocacy.

a. The members heard that service plans are not reviewed and updated on a periodic basis, or when needs, conditions, or situations change. The timeframe for service plans to be developed at placement appears to be too long, and therefore may prevent foster parents from understanding the needs of the child, or from seeking immediate care and services to address the needs.

Service plans should be reviewed and updated more frequently than is the current practice. The timeframe for the development of service plans for children in care should be decreased from 10-55 days, to 10-30 days, and thus enable foster children and foster parents to begin as expeditiously as is possible, to begin addressing the child's needs through appropriate servicing.

DSS should consider implementing an interim service plan for immediate care to begin, and for transition to foster care to be facilitated as smoothly for the child and family as is possible. If the placement is a subsequent placement, transitional services should be implemented in order to maintain continuity of care for the foster child.

For an emergency placement, the service plan timeframe should be decreased from the present 30 working days to 20 working days. These timeframes should be especially considered when children are experiencing particularly stressful or extensive problem-behaviors when placed in care.

b. There are no provisions in regulations for inclusion of the foster family composition, or multiple status children, in service planning.

When there are several children in one foster home, and some or all of them experience serious or multiple problems

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in any area, and there are also biological or other children, service plans should include the family composition and other factors. There should be a family service plan developed that reflects the needs of the family unit and the individual members, and that reflects the support services required by the family as a unit.

The family service plan should include a needs assessment of the full family unit, along with the individual family members. The parties to the service plan should be defined in the regulations of the Department.

The collective needs of the family composition, and the impact of these needs, of all members of the household in a foster family, should be fully assessed on an ongoing basis; included in the service plan, and adjustments made in placement considerations.

c. The members heard that frequently foster parents are not informed of how to access services being provided to foster children, or do not understand, or are not fully informed of, the needs-servicing assessment or evaluation.

Foster parents need training and education on how to use a service plan, and how to access services required for the children in their care. This aspect is especially for foster parents who care for children with special needs of any kind requiring specialized and extensive services.

Foster parents need an array of support services and training in the appropriate use of services and appropriate and effective responses to specific behavioral, medical, educational, and other needs of foster children. Multi-disciplinary teams should be available to conduct workshops, forums, and educational sessions for foster parents.

At the time of placement of a foster child, a list of services and resources should be provided to the foster parents that is compatible with the child profile.

c. While DSS regulations state that foster families shall have a service plan prior to the placement of a child, the members have heard that this is often not the case.

Exceptional measures should be implemented by DSS to ensure that foster families receive a service plan prior to the placement of the child. The service plan should be fully discussed with the foster parents and appropriate members of the family or household. The Special Subcommittee is reviewing the possibility of filing a legislative proposal to address this issue.

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The interim service plan as previously discussed, could be applicable in this area also, especially in emergency placement situations.

d. DSS regulations state that an existing service plan may be updated and renewed if the goal of the plan is unchanged, but that "no service plan may be renewed a second time."

The members recommend that this provision be eliminated from the regulations to ensure that changing needs, conditions, or situations can be reflected in an updated, revised service plan, and that the plans are fully based on the needs of the foster child, or foster family composition, and not on the convenience of the Department.

e. There are confusions in both DSS and OFC regulations as to which agency, or private service provider, has responsibility for developing, monitoring, and implementing the foster care service plan.

These confusions must be eliminated from all regulations, policies, practices, agreements, etc. of both OFC and DSS, in a mutually cooperative manner, and in a clearcut format. Procedures for eliminating confusions of roles and responsibilities must include the roles and responsibilities of contracted service providers. Duplications and overlapping of roles and responsibilities must be eliminated.

While DSS has implemented the Purchase of Services plan, and contracted providers are responsible for case management and other provisions of services, these responsibilities are not clearly defined and outlined in regulations. The roles and responsibilities, services to be provided, routes of communication and inter-agency or inter-social worker responsibilities, should be clearly defined in regulation, practice, and policy.

f. OFC regulations state that the licensee is charged with the task of developing a written service plan, who "shall consider the needs of the child for stability or placement."

It is unclear who the licensee is, since OFC licenses DSS Central Office, that license Area Offices, that license private contracted providers, that approve foster homes. This area must be clarified in the regulations, and in practice and policy.

g. While needs assessments have been previously discussed, and are again discussed later in this section, the determination of what professionals, or members of certain disciplines, are to conduct and develop the needs assessment, is unclear.

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The members recommend that DSS regulations, OFC regulations, and Purchase of Services contracts spell out clearly and in a definable manner, exactly what professionals are responsible for needs assessments, and whether or not these professionals are available to DSS through agreements or contracts, or whether these professionals are further purchased or contracted by the Department. Since a child's placement agreement, service plan, and other aspects of his/her placement in foster care hinges on an appropriate and comprehensive needs assessment, this evaluation must be conducted by trained and relevant professionals in a range of disciplines.

The final outcome of the needs assessment or evaluation of the child must be coordinated and integrated into the service plan.

h. OFC regulations state that no child shall be placed in foster care or group care without written evidence that such care is the "most appropriate plan for the child". There is no reference in the regulations as to how this "written evidence" is determined, and by whom.

The members recommend that the regulations, and accompanying policy and practice be revised to include these references in a clearly definable manner. Channels of communication must also be included in the amended regulations, agreements, and policies.

i. There are no references to needs assessments in the OFC regulations outlining the service plan.

The members recommend that references to needs assessments be included in the regulations outlining service plans, and should include previous recommendations made by the Special Subcommittee.

j. OFC regulations provide that the parents or legal guardian of a foster child shall receive a copy of the service plan, "upon request". The regulations also state that the foster parents shall receive a copy of the service plan, or a summary of the service plan also, "upon request".

The members recommend that, if appropriate, parents or legal guardians, should automatically receive a copy of the service plan, and at all times foster parents should automatically receive a copy of the service plan.

k. It is unclear in the regulations of both DSS and OFC whether or not the person or persons indicated in "social worker" and "licensee" are one and the same person, or are two

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separate persons responsible for the service plan and other aspects of the child's placement in foster care.

The members recommend that these functional roles be clearly defined in the regulations, agreements, etc. that are formed and exchanged between social workers, licensees, foster parents, parents, youth, and others involved. Duplications and overlapping roles should be eliminated, and all aspects of the child's placement should be coordinated with clearly defined channels of communication.

Other recommendations are previously stated in Part A in the section on Social Workers.

l. While there are statutory references to service plans in Chapter 119, s.29 that state that the parent or guardian is to be informed of their right to the service plan, the members have consistently heard that this is not put into common practice.

The members recommend that this area be strictly observed and enforced by all DSS social workers, supervisors, contracted providers, and any person working with the foster child and the child's placement.

Recommendations from the members relating to the Child Placement Agreement are previously stated in Part A.

m. It is unclear from all data reviewed by the Special Subcommittee whether or not a contracted service provider from which clusters of services are purchased is able to provide all services needed by a child in foster care. If a child needs services other than those provided by the case managing, or contracted, provider, it is unclear how these services are accessed for the child.

While this area may be spelled out in contracts between DSS and service providers, routes of communication, coordination, and inter-agency or inter-provider accessing of services should be clearly defined, with those persons responsible clearly delineated.

n. The members heard concerns about the lack of "screening procedures" for referrals of children to access services to meet needs.

The members are further reviewing this area. However, in order for children in any form of care or substitute care to receive accurate and comprehensive evaluations and needs

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assessments, there must be interagency coordination and mutually coordinated accessing of evaluations and services to meet the needs of foster children. If this necessitates an implementation of "screening procedures" to determine those professionals who should conduct an evaluation, then such procedures should be developed.

O. The members heard at public hearings that the "lineworker", or direct care social worker does not have the authority to "design", or write the service plan with the parties involved. The supervisor who does have the authority often does not know the child, and often does not always meet with the child prior to the development of the service plan.

The members recommend that social workers having direct care involvement with foster children have direct evaluative information input into all service plan development processes, as the primary developer of the plan. No service plan should be drawn up to meet the needs of foster children by any persons not having direct knowledge of the child, or the needs of the child to be serviced. While case managers, or supervisors may monitor the service plan, or direct its implementation, the actual development, assessment, and other aspects of the service plan must involve those parties most directly knowledgeable of, and concerned with, the needs and service components of the plan, and the child who is the subject of the plan.

p. The members heard that often parents sign service plans, which are subsequently not followed and implemented.

The Department of Social Services, in conjunction with service providers and other agencies, should implement safeguards and preventive measures to ensure that this does not take place. Foster parents should have immediate access to channels of communication and recourse should components of a service plan not be implemented, or when the foster child is not receiving appropriate services. The Department should develop a series of guidelines and standards of procedure to be available for foster parents and natural parents, when appropriate. The standards would outline the service plan process, and evaluative procedures when services are not being received, are not appropriate, or when conditions relating to the foster child have been altered. The standards should also outline procedures to be followed, and persons to be contacted, in order to ensure adherence to the service plan components and requirements.

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q. The members heard that service planning often reflects the confusion of roles and responsibilities of those whose charge it is to administer and implement the provision of services to the foster child. Also, when an agency is unable to provide a needed service, that agency does not enter into agreements with other agencies in order to procure that service. This applies to DSS and other agencies that are private service providers, and between individual provider agencies.

It is unclear by what authority one private provider may procure a service from another private provider.

The members recommend that when a child is to be placed, or has been placed, in foster care, and a service plan is to be developed and implemented for that child, after an evaluation and needs assessment, there should be clearcut definitions of functional roles and responsibilities for those involved in the service plan development, and the provision of services.

As general policy and practice, the Department should develop interagency agreements on procedures and guidelines to be implemented when either DSS is unable to provide the service, or an agency is unable to provide the service, and must procure that service from another agency.

The members are concerned about the procedures involved when one private agency procures a service from another private provider, and by what authority this procedure occurs. The members are reviewing this procedure to determine the extent of this practice, and to determine whether DSS should always be involved in this procedure as the procurer of the services, and to determine further recommendations in this area.

These procedures should be clearly outlined in DSS regulations, policies and practices, and in any agreements with private providers. Duplication of roles and functions should also be eliminated and reduced. Economic factors and funding incentives should not be influencing factors in the determination of roles and responsibilities.

r. The members heard that frequently biological parents are not included in the assessment, development, and implementation of the service plan.

When appropriate, service planning should in all instances involve the biological parents of the child placed in foster care. The biological parents and foster parents, and, when feasible, the foster child and other family members, should be involved in an ongoing partnership in the assessment of needs and the provision of services.

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Permanency Planning

a. While the members support the passage of Senate 2121, as discussed on p. 135, there remains serious concern about the provision adding the term "periodically" for reviews for permanency planning, after the 18 month period of review has taken place.

While the federal law requires this terminology as a requisite for funding eligibility, the members recommend a comprehensive review of this area. The members recommend that a further qualifying clause be added to Ch. 119, s.29B, stating an intent for DSS, private provider agencies, and the courts, to act expeditiously in the event circumstances or conditions in the child's situation warrant a change in permanency planning goals. The intent should include procedures that provide for the most expeditious permanent plan for the child, should the specified conditions occur. The options for altering the planning goals of the child should be flexible to allow for conditional changes that may occur effecting the outcome of permanency planning goals.

b. The members have consistently heard, and have received information pertaining to, the need for an immediate review of the area involving Voluntary Placement Agreements. There are no statutory provisions for dispositional court hearings for children placed in care on a voluntary basis. This area often contributes to inhibiting or prohibiting the implementation of more permanent planning goals for these foster children.

The members recommend that the statutes be revised to provide for dispositional hearings for all children placed in foster care, irrespective of whether the child is placed by court-order, or through voluntary agreements. Biological parents should be included in all procedures involved in the court hearings, and in the permanency planning.

c. Ch. 119, Section 29B states that DSS, parents, or other persons having legal custody of the child, may only petition the court for a review or re-determination, "not more than once every six months".

The members recommend that this clause be amended, or a new qualifying clause be added, to allow for more flexibility in determinations of permanency planning for the child. The six month period may impede, or cause barriers, to determinations of the future status of the child, and thereby improved permanency planning, especially when conditions or factors effecting the child's situation are altered.

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d. The members are concerned about evaluative procedures, needs assessments, provision of services, and other aspects of components used in determinations of the status of the child, including appropriateness of placements, relevancy and appropriateness of services, and continuation of placement or alternatives to placements.

The Department, private providers, and others involved should ensure that a comprehensive evaluation and all information is available to probation officers and judges, in order for accurate determinations to be made. When appropriate, independent evaluations on children should be conducted, in order for accurate assessments of needs to be made. All efforts should be made to eliminate decision-making that is formed on partial, or inadequate assessment information.

e. The mandate that "reasonable efforts" be made to keep a child in foster care often results in a child "drifting" in the foster care system, without permanency planning goals being determined, and the resources provided to meet these goals.

As previously stated, the components of what constitutes "reasonable efforts" by DSS should be explicitly stated in standards, policy and practice, and such information should be available to the courts. The standards should also include those persons who are responsible for determining the "reasonable efforts", and specifically what the efforts consist of.

This area will be further studied by the members of the Special Subcommittee, with a view to defining "reasonable efforts" more specifically, or seeking an alternative definitional standard to be used in adjudicatory or placement decisions.

When appropriate, input from the foster parents and biological parents should be an integral part of the decision-making procedures stated above.

f. Frequently procedures and waiting periods, some dictated by DSS policy and others dictated by statute, prolong the processes to the degree that children suffer irreparable harm due to a "limbo-like" existence.

Previous recommendations are also applicable to this area. All procedures should be evaluated to determine whether additional streamlined procedures can be implemented. All measures should be implemented to expedite appropriate placements for children in foster care, and in achieving permanency goals. While adoption procedures are not in the purview

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of this report, they are relevant to this area. The Foster Care Subcommittee will continue to review statutes, policies, procedures, judicial proceedings, and other aspects, to determine further recommendations.

As information from the Foster Care Review is utilized at the 210 Conferences, recommendations in this area stated in Part A are applicable here.

g. During the 210 Conferences, a case summary is used to evaluate the status of the child, and is used to determine decision-making relating to permanency planning for the child.

The members recommend that all records, evaluations, needs assessments, needs and servicing profiles, progress reports, case review outcomes and evaluations, and other relevant and appropriate information be presented in certain specific cases where evaluations for decisions are not explicit. Updated information must be available in such important decisions, and all records must be accurate, thorough, and current. All relevant parties involved in the decisions regarding the child must have equal opportunity to provide input and insight into the decision-making process.

The Department cites "barriers to family reunification" as part of the conference information. The members recommend that this be revised to state progress made towards the end of reunification, family efforts, DSS initiatives, and other efforts that have been made towards this end, including the provision and effectiveness of services. Efforts of private providers must be important components in this process.

h. Much of the decision-making involved in 210 Conferences is based on information evaluated at case reviews. As previously stated, there are many concerns expressed to the members as to the thoroughness, fairness, and effectiveness of foster care reviews. While there has been positive input regarding this process, there are concerns.

The members recommend that 210 Conferences conduct renewed comprehensive reviews of all circumstances, evaluations, etc., at the time of the Conferences, or prior to them, and rely on these components, including, but not limited to, the information used at foster care reviews.

Services to Foster Children

a. As stated throughout this report, services to children are provided through service providers, social workers, and are procured through interagency agreements, contracts, or other similar means.

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Recommendations stated throughout the report relating to service plans, permanency planning, and other areas, are also applicable here. Recommendations relating to licensing, direct care, social worker roles, monitoring, interagency agreements, etc., are also applicable in this area. While the Department has made improvements, many of which were recommended in Volume I, or are findings of the Special Subcommittee, there are areas of concern needing improvements.

b. The DSS regulations provide for licensees to procure services for foster children. It is unclear if this means a DSS Area Office, public or private social workers, the obtaining of services from other public or private agencies, the case manager, the homefinder, or other persons. It is also unclear as to what interagency agreements or functions are to be designated.

The members recommend that these roles and functions, and the persons responsible for the roles be clearly designated in OFC and DSS regulations. The interactive roles of all parties should be defined explicitly. The person or persons represented in the term "licensee" should be clearly designated in all regulations and policies.

Just as the persons to be designated in certain roles and functions should be clearly defined and designated, so should the coordination and interactive responsibilities of these persons be defined explicitly. These roles should also be clearly stated in the service plans, review reports, and all conference reports.

c. The regulations state that the licensee is to also "arrange for a range of services..." The members have heard that these services are not always coordinated, or provided on a continuous basis to the foster children and foster families.

Regulations, policies, and practice, should be amended to specifically state that these services be coordinated and clearly stated in service plans, and other reports and review forms. Coordination should exist on an interagency basis, and between DSS and private providers, the foster parents, biological parents, and foster children and youth, if appropriate. Continuity of care should be an integral component of all needs assessments, service plans, reviews, the procurement of services, placement changes, and all permanency placement goals.

Recommendations stated in the section on service plans are applicable to this section.

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d. The regulations state that an agency seeking an application as a placement agency must submit a definition of the services provided by the agency. This must also include a plan for an annual evaluation of services, giving "special attention" to permanency planning for the child.

The members recommend that the Department of Social Services revise the regulations by adding appropriate language that states conditions in the agency plan for situations in which there are chronic problems within the agency, or with children in placement through the agency. These situations would warrant more frequent periodic evaluations of the agency's provision of services.

Placement agencies should have internal mechanisms for evaluation, on an ongoing basis, each child in placement, that includes integral components such as progress towards permanency placement, progress in meeting the child's individual needs, and other such components. Parents, foster parents, children, and others should be involved in the evaluative aspects of the plan.

The words "giving special attention" should be amended to state, "with primary objectives of permanency planning for the child".

e. The regulations relating to this area also relate to the previously discussed area on information to be received by the foster parents, and the child profile legislation proposed by the Special Subcommittee.

If the licensee is to be charged with the extent of the responsibilities as stated in the regulations, then the licensee should also be charged, through statute, regulation, and policy, with the absolute provision of adequate and appropriate information to foster parents, and biological parents, when feasible. The service plan, and information provided to the foster parents in the child profile, should contain lists of resources available to the foster family that are compatible with the child profile.

f. While the Department's regulations contain certain elements of the federal definition of a service plan, the definition is incomplete, and does not adequately address the servicing of the child, the foster parents and family, and the biological parents and family.

The members recommend that DSS adopt the federal definition of service plan as stated on page 142.

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g. The expanding needs of children placed in foster care has been discussed throughout this report, especially the acute needs of children with AIDS, or who are HIV-infected, who are drug-involved at birth, and who have been abused, neglected, or maltreated in any way.

The members support the efforts of DSS and other agencies to address the increasing and complex needs of these foster children.

The members support the expansion of these programs, with accompanying support services.

The members support the recommendations of the Mass. Adolescent Sexual Offender Coalition.

The members support the efforts of DSS to expand on, and develop, programs addressing the needs of adolescents.

The members support the efforts of, and the expansion of programs under the auspices of, The Dept. of Youth Services, and the Department of Public Health, with regards to foster children in the care of these departments.

h. The members heard that foster parents are in need of expanded support services to enable them to carry out their functional roles with foster children.

The members recommend that the Department continue to pursue avenues to retain and expand on needed support services for foster parents, among them:

- additional resources, services, and access on weekends, when often difficulties with foster children arise
- expanded respite care for foster parents
- funds for prescriptions, and other necessary care items for children, especially those with health needs
- support for other expensive areas such as child-sitting
- an array of support services, especially for foster parents caring for specialized needs children and teens

i. DSS regulations governing the state's Purchase of Services states that, "every provider shall deliver services in conformance with the provisions of the contract." The members heard that, when providers are unable to provide a certain needed service, the provider may seek that service from another provider.

The regulations should be amended to include specific procedures for the procurement of services from one provider to another, in a coordinated and integrated manner.

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j. The members of the Special Subcommittee are gravely concerned about findings uncovering discrepancies between the actual numbers of cases stated on DSS' workload/case-load sheets, and the numbers of FTE units stated. (p.144)

Since funding of services is contingent upon FTE units, and since these units should contain the full number of cases per unit in order for equitable funding to occur, and waste to be reduced/eliminated, the members recommend a full, comprehensive independent evaluation of the current system of purchasing services:

- to determine the effectiveness of this system
- to ensure that providers who service children directly exist in adequate numbers by eliminating duplications in personnel
- to determine cost-effectiveness to the state
- to encourage a review to determine whether this problem area identified is accurate, and that corrective measures will be implemented immediately
- to mandate that the state pay funds only for services rendered, and not for services that may or may not be rendered

The members recommend that regulations be revised to include by what authority and transmission of authority a private provider may carry out the functions and responsibilities that are under the mandate of a public state agency.

Recommendations stated in Part A, under the Purchase of Services and PAS Initiative section, are applicable here, and should be implemented.

The Special Subcommittee recommends an immediate review of all state Purchases of Services contracts, in practice and policy by Administration and Finance, the Department of Social Services, and an impartial, independent review board.

k. The members support the Department's re-evaluation procedures for foster homes. However, the members have heard that, at times, there are difficulties in foster homes that warrant a more periodic evaluation and review.

The members recommend that, when instances of problems or difficulties occur in foster homes, reviews take place immediately, or more periodically in certain homes.

The Department should develop risk-factors assessments on some foster homes, and should review these homes on a more frequent basis.

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In the foster home where Henry Gallop and Arron Johnson, there were many problems experienced by these two foster children, and by other children and teenagers in the home, over a lengthy period of time. Many of these problems were chronicled by social workers and private providers. However, inadequate responses and lack of preventive and interventive measures and services clearly contributed to increasing the complexity of problems experienced by those living in this home. In addition, the foster home contained multiple-status children, some with health, medical, and mental health problems.

The members recommend that a systemic response plan be available to the Department and to contracted agencies and social workers, that would be implemented in a timely manner for foster homes where difficulties or abusive conditions exist.

The response plan should consist of a continuum of adequate and timely measures that should be taken, in a coordinated manner, that range from removal of the child, if conditions warrant such measure, to the provision of additional support services, respite care, counseling, medical care, and other such preventive interventions.

The Department should implement interim evaluations and more frequent periodic reviews in certain foster homes where there are high-risk factors.

The response plans and interventive measures would not be used only in foster homes that are abusive, or at-risk for abuse, but would also be for support, relief, or preventive measures for high risk factors contributing to stressful conditions in the foster family.

Foster parents should at all times have access to any informational reports written relating to their evaluation or re-evaluation, and should have input into the report.

A further evaluation of foster homes in which there are problems or abusive conditions is discussed in Section 4.

Termination of Care

The members support the termination of care policies and regulations of the Department of Social Services. The members recommend that all supportive measures be taken to ensure appropriate transitional services for children who are leaving foster care to be reunited with their families.

When appropriate, a continuity service plan should be implemented throughout the transitional period.

Recommendations stated in the sections on permanency planning, foster care case review, service plans and services, and other relevant sections, are also applicable to this section.

Adoption

While adoption is briefly discussed throughout this report as it relates to foster children, permanency planning, statutory mandates and regulations, and other areas, it is not within the purview of the study of the Special Subcommittee on Foster Care. However, some areas of concern emerged during the course of the Subcommittee's study that relate to the adoption of children. The members will continue to review these areas.

The following are the areas of concern, or issues needing to be addressed:

a. The issue of fees charged by service provider agencies for adoptions of children was consistently raised throughout the study of the Subcommittee. The average fee charged to those parents or persons seeking to adopt children is \$10,000, with other fees ranging from \$5,000 to as much as \$25,000.

Of main concern to the members is that frequently, when foster parents who have cared for foster children that become available for adoption, seek to adopt these children, they are then told by the provider, or licensing agency, that there is a fee for the adoption. Often this fee is prohibitive for foster parents whose income prevents them from paying these fees, and therefore prevents them from being able to adopt the children. Often these families are not aware of the fee requirements when they take foster children who may at some point become available for adoption.

The members recommend that this practice be revised, as it is discriminatory against those foster parents who care for children, often on a long-term basis, who wish to provide a permanent home and family to the children, and who are then prevented from proceeding with the adoption for economic reasons. The practice appears to be unfair, and enforces inequities in the availability of adoptive homes for children needing them, and imposes unjust barriers for adoption to families who are unable to pay due to income resources.

The members recommend that DSS be directed to immediately review this practice, and implement corrective measures that allow adoptions to take place on a fair, unbiased, and economically reasonable basis. The members recommend that no foster parent who wishes to adopt a child be prevented from doing so on a financial basis alone. Fees should be reduced, some instances eliminated, and should be reasonably scaled at appropriate levels. Foster parents should be informed of the fees at the time of an application approval.

The Department should collect and analyze data in this area, and should develop regulations, policies and statutes, if applicable, to determine the extent of these practices, and to take corrective measures to remedy these practices.

Adoption

b. There are inadequate resources for providing adoptive homes to minority children of various ethnic, cultural, and linguistic origins. The members have received information from a range of sources, both nationally and within the state, that indicate a lack of foster homes to service the increasing needs of multi-racial foster children.

Of concern on both the national and state levels, and an issue of a controversial nature, is that of transracial adoptions. Varying ethnic groups are opposed to this practice, but the lack of homes often necessitates the placement of foster children of varying ethnic origins into foster homes in which the foster parents are not of the child's ethnic origins.

The Special Subcommittee supports continued efforts of DSS and agencies to conduct outreach and education, and to recruit foster parents with a range of ethnic, cultural, and linguistic origins. The members recommend that a concentrated, extensive outreach program be conducted to focus on the need for foster care for these specific groups, and that current recruitment efforts be intensified in this area.

A further review and evaluation of this area is needed.

The members are concerned about the lengthy periods of time before many children are adopted, and the inadequacy of permanency planning for many of these children. This area requires further study. Many of the recommendations in the sections on permanency planning, service plans, case reviews, the courts, and other areas, are applicable to the adoption process.

Section III: The Department of Social Services; Federal Reimbursements for Foster Care Programs; Educational Issues; The Courts and Foster Care.

Since FY81, the number of Massachusetts children receiving services from the Department of Social Services has increased by 25%. Currently, DSS is servicing 72,806 consumers, with 25,035 of them families, and 42,284 of them children.

The following are some comparative statistics reflecting changes in the DSS caseload from 1980-1989:

	<u>1980</u>	<u>1989</u>
Authorized positions	2,735	2,757 (down to 2,271 in FY90)
Children in foster/group care (All children in substitute care projected for nearly 17,000 by 1991.)	9,204	8,464
Children receiving adoption subsidies	1,160	3,384
Day care slots	14,000	29,000 (includes voucher)
Children annually reported for child abuse and neglect	15,000	62,000 (now 70,000)
Families in active caseload	16,000	19,753

The chart on the following page represents changes in resources for DSS from FY81 to FY91.

The second chart is a recently revised administrative flow chart issued by DSS. The chart reflects the elimination of regional offices, except for some staff members kept in the western part of the state, and other areas, and retained as "Field Support staff". The members have been informed that DSS has kept some Regional Directors and Assistant Directors. Area Offices have been reduced from 40 to 26. According to the Department, there are 1,879 direct service staff, and 653 support staff. Consolidation and reduction in Regional Offices, with more authority designated to the Area Offices, is a recommendation of the Special Subcommittee.

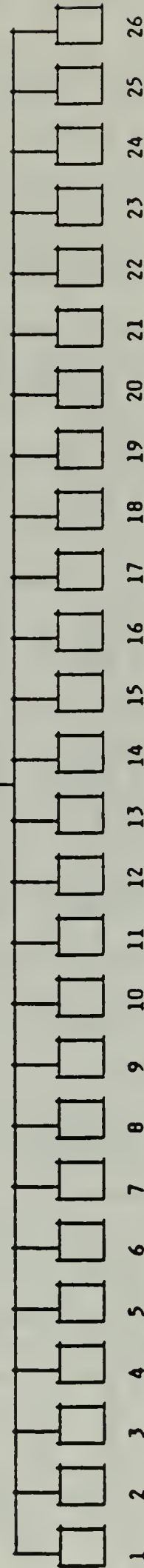
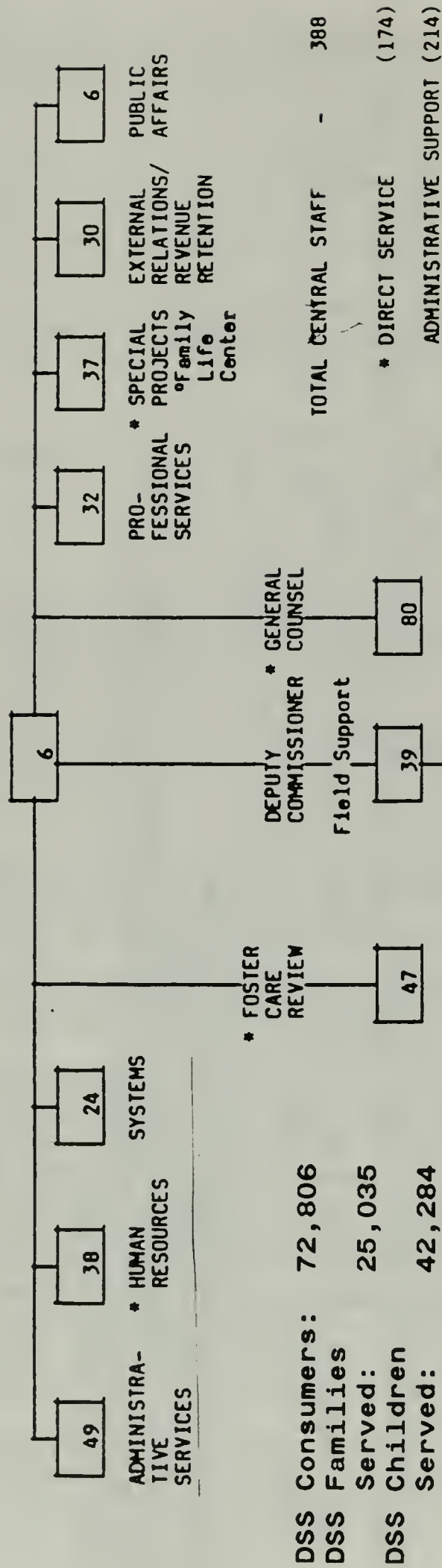
The Department has stated that they have recently conducted a restructuring plan, consisting of the reductions in regional offices as reflected in the administrative chart.

	FY'81	FY'82	FY'83	FY'84	FY'85	FY'86	FY'87	FY'88	FY'89	FY'90	FY91 NO TAX
GROUP CARE TOTAL	EOY # \$ 1611 30.7	1544 28.7	1635 31.4	1598 36.9	1486 34.7	1513 36.8	1493 43.9	1577 51.0	1606 61.7	1710 71.5	1830 77.1
FOSTER CARE TOTAL	EOY # \$ 7593 21.3	6777 21.7	6648 20.6	6566 21.0	6528 20.0	6319 22.2	6497 30.0	6706 36.5	7404 43.8	8520 52.8	9059 58.2
ADOPTION CONTRACTS SUBSIDIES	EOY # \$ \$ 1160 1.3 2.5	1371 1.3 3.0	1619 1.2 4.3	1799 1.3 5.1	1994 1.5 5.7	2363 1.7 7.3	2436 1.9 10.6	3229 2.1 14.1	3525 2.2 17.2	4009 1.8 19.7	4481 1.8 22.5
DAY CARE TOTAL	EOY # \$ N/A 38.8	14,701 38.5	16,470 43.1	16,666 46.6	17,122 49.6	17,584 59.3	18,088 67.4	20,016 84.1	20,741 99.4	20,159 100.2	15,100 79.0
SOCIAL SVCS. TOTAL	\$ 33.2	33.1	37.6	44.8	48.0	55.4	56.8	58.1	57.4	56.9	43.7
RESPIRE SVCS.	\$ --	.5	1.5	3.9	3.5	4.4	5.0	7.3	N/A	N/A	N/A
STAFF TOTAL AUTHORIZED TOTAL	# \$ 2735 35.0	2543 41.6	2651 46.7	2626 53.3	2665 56.2	2685 63.7	2704 71.8	2777 75.4	2719 80.6	2735 83.4	2680 81.9
DIRECT SERVICE (Includes F.C.R.) TOTAL	# \$ 1637 22.4	1637 26.4	1629 30.1	1651 34.3	1701 36.2	1759 42.0	1831 48.1	1861 49.5	1938 55.0	2042 60.9	2005 60.4
ADMIN./SUPPORT (Support, Legal)	# \$ 1098 12.6	906 15.2	1022 16.6	975 19.0	964 20.0	926 21.7	873 23.7	916 25.9	781 25.6	693 22.5	675 21.5
ADMIN. OVERHEAD TOTAL	\$ 12.5	12.3	11.3	11.8	12.3	12.3	14.0	14.3	15.4	16.0	16.4
TOTAL SPENT	\$ 175.3	180.7	197.7	224.7	231.5	263.1	301.4	342.9	374.8	385.4	
TOTAL APPROP/AVAIL	\$ 184.9	196.4	202.2	225.2	247.3	268.8	307.7	347.3	374.8	402.4	380.3
VARIANCE	\$ 9.6	15.7	4.6	.5	15.8	5.8	6.3	4.0	-0-	(17.0)	

1 EXCLUSIVE OF CHILD WELFARE SERVICES AND OTHER FEDERAL GRANTS
2 DAY CARE SLOT NUMBERS INCLUDE DSS BUT NOT DPW VOUCHERS
3 REVERSIONS/CARRY FORWARD, PRIMARILY \$2.3M (DAY CARE, FEES/UNDERENROLLMENT) AND \$2.1M IN SSBG
4 \$1.8M REVERSIONS; \$1.2M SSBG RET. REVENUE CARRY FORWARD; \$3.5M DAY CARE CARRY FORWARD
5 TRANSFERRED TO DMR ALLOWING DSS 20% ACCESS
6 INCLUDES REVENUE RETENTION PROGRAM

DEPARTMENT OF SOCIAL SERVICES

COMMISSIONER



- | | | | | | |
|----|--------------------------------|----|---------------------------|----|---|
| 1 | Pittsfield | 15 | Waltham | 22 | Morton Street |
| 2 | Greenfield/Northampton | 16 | Quincy/Weymouth | 23 | Dimock St./Allston |
| 3 | Holyoke/Westfield | 17 | Attleboro/Taunton/Norwood | 24 | Solomon Carter Fuller |
| 4 | Springfield | 18 | Brockton | 25 | Fielda Corner |
| 5 | Fitchburg/Gardner | 19 | Fall River | 26 | Harbor/Charlestown/Chelsea/Temporary Home |
| 6 | S. Central/Blackstone | 20 | New Bedford | | |
| 7 | Valley Worcester | 21 | Cape & Islands/Plymouth | | |
| 8 | Lowell | | | | |
| 9 | Lawrence | | | | |
| 10 | Haverhill/Cape Ann | | | | |
| 11 | Lynn | | | | |
| 12 | E. Middlesex/Tri-City | | | | |
| 13 | Framingham/Marlborough | | | | |
| 14 | Cambridge-Somerville/Arlington | | | | |

TOTAL AREA STAFF - 2,347

FY90:

Direct Service Staff: 1,879
Support Staff: 653

Regional Offices Reduced
From 14 to 6 to 0.
Area Offices Reduced

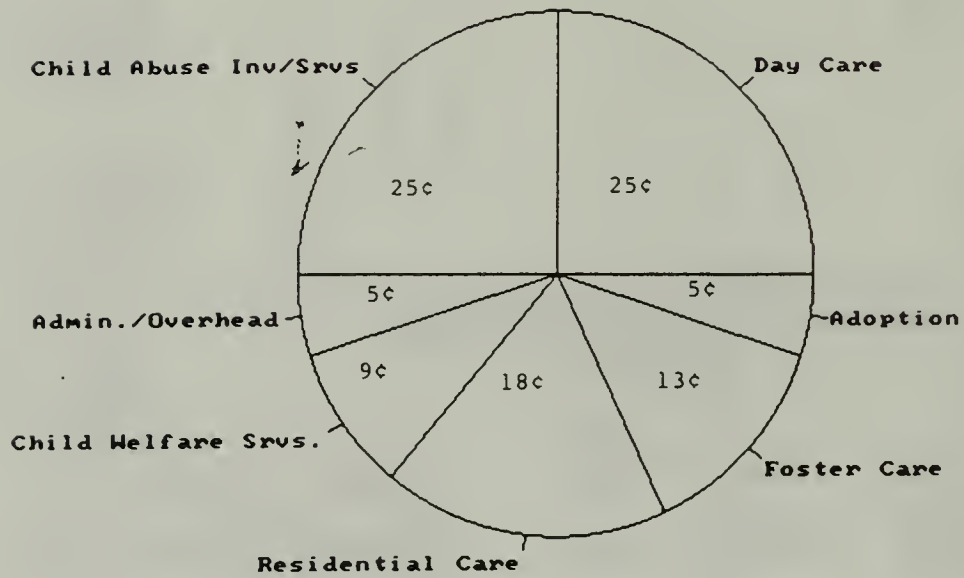
DSS EXPENDITURES FY'89 VS. FY'91

(in millions)

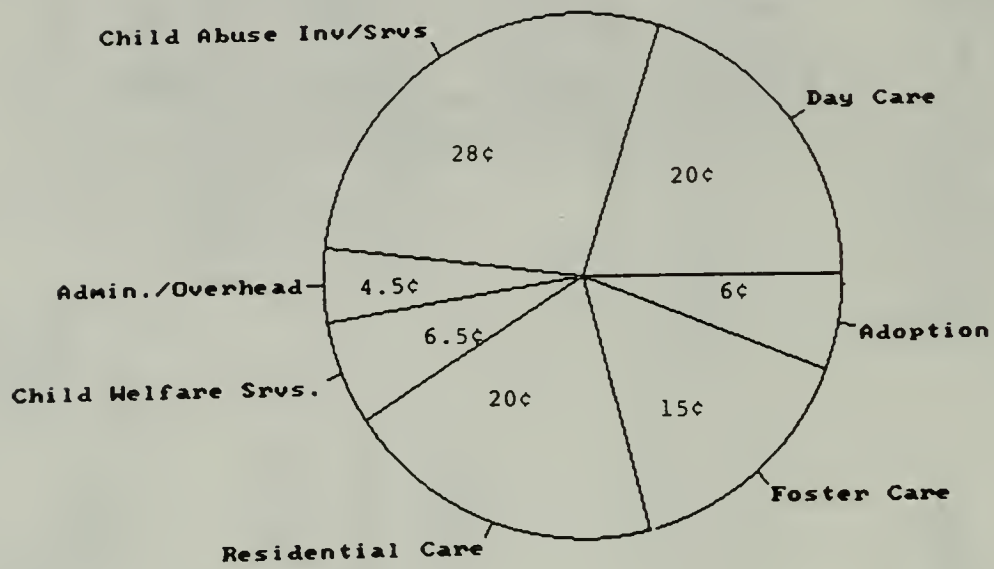
	Dollars	% of Total	Dollars	% of Total
Out-of-Home Services	\$122.4m	32%	\$ 170.4m	42%
In-Home Services				
Day Care	99.4m	42%	80.8m	33%
Social Services	57.4m		53.5m	
Direct Service Staff	55.0m	15%	62.3m	15%
Support Costs		11%		8%
Staff	25.6m		21.5m	
Infrastructure	15.0m		11.8m	
Revenue Retention	4m	0%	2.0m	1%
TOTALS	\$ 374.8m	100%	\$ 402.3m	100%

Where Each DSS Dollar Is/Will Be Spent

FY '90 (\$415m)



House 1 FY '91 (\$383m)



According to the Department, the structure "is now based upon a central office which provides a combination of certain direct services (training, family life center, legal/fair hearings, death of a child investigations, case reviews, etc.), and all administrative, personnel, computer and other field support services. Twenty-six area offices provide direct case management client services. Since the summer of 1988, the Department, through a combination of attrition and layoffs, has reduced its non-direct service workforce by 30%, or 228 people.

While the Area Offices have been reduced from 40 to 26, only 5 Offices have been closed, with the remaining 9 serving as delivery sites.

The members are concerned about the centralized autonomy of DSS, and the decision-making on budgetary, planning, and implementation of programs and services, being concentrated in the DSS Central Office. Decision-making at the area and local levels are restricted and limited. The members recommend that more authority be designated to area offices and local social workers and private agencies providing services.

Area Advisory Boards/Citizens Boards.

Since there is restricted decision-making in all areas at the local or community level, community input for programming and budgetary planning is excluded or minimized at the local/area levels. The members have been informed that initiatives are needed to eliminate costly waste in duplication of planning that currently exists within the DSS structure as it relates to local/area planning and programming.

Information received by the members of the Special Subcommittee indicates problem areas that have been identified as in need of statutory and regulatory revision, in order to strengthen and improve the role and function of Area Advisory Boards. These revisions would enhance the use of area resource, budget expenditures, and the role of citizen participation:

- a. Current law should be clarified to include references to how the Boards' activities relate to Regional (now defunct except for a few exceptions) and Central DSS activities.
- b. There are problems following the flow for program planning and budget development.
- c. Central office sets forth its own statewide initiatives and budget requests that are not linked internally with Regional and Area-based planning.
- d. Community input is excluded at both the Regional and Central levels, for programming and budget planning.

- e. The needs of communities should be considered in decision-making at the Regional and Central levels, with input from Area Advisory Boards.
- f. Initiatives are needed to eliminate costly waste in the duplication of planning that currently exists.
- g. There should be changes in the law that would create a more interdependent model of program development and implementation, with a built-in check and balance process for resource distribution and program planning.

The members are considering a proposal to amend Chapter 18 to ensure inclusion of the above recommendations, and to improve and strengthen local planning, implementation, and budget proposals through enhanced functioning of Area Advisory Boards. The members are reviewing and considering a proposal to establish advocacy programs under Area Boards.

A problem area consistently recognized by the Special Subcommittee is that of interagency disputes over which agency has servicing and financial responsibility for a child or family, and thus over who then services the child or family and who is responsible and accountable for addressing and funding the needs of the family and child. As a consequence, services are delayed or not provided, programs for addressing needs are fragmented or uncoordinated, youth fall through the "cracks", funds are wasted, and other negative impact is experienced.

The members have received considerable information regarding the use or overuse of group homes as alternatives to the provision of foster care to certain children. According to information received, there is an emphasis by DSS and placement agencies on the over-utilization of group homes, resulting in less resources for foster care, and less funding for needed foster care resources. Group homes are the most costly programs on the continuum of services spectrum. The members have received a proposal involving the improved cost-effective utilization of foster care through reductions in the use of costly group homes. The proposal is stated in the recommendations at the end of this section.

The charts on the following page indicate where each DSS dollar will be spent, or is being spent, for FY90 and FY91.

In 1984, the Commissioner of DSS created the Professional Advisory Committee (PAC), to provide "independent, professional feedback and advice to the Commissioner on case practice,

policy, service resources and child protection issues." The membership of this Committee consists of individuals from the child welfare fields and other fields related to family life and the protection of children. In 1988, the original 15 members were expanded to include members of other professionals - legal, educational, medical, mental health, and law enforcement. According to DSS, "this multidisciplinary membership enables the PAC to evaluate interdisciplinary roles and responsibilities in serious cases of child abuse and neglect, to improve service planning and coordination."

In order to obtain the "legal right" to review DSS case files, PAC members become "contracted agents" of DSS, and are required to maintain confidentiality.

The PAC meets quarterly to discuss cases and Case Investigation Unit written reports. The CIU has recently been revised as a result of the findings and recommendations in Volume I of the report of the Special Subcommittee. The CIU is further discussed in Section 6 of this report.

A total of six cases, and approximately 15 CIU reports are reviewed at each meeting. In FY89, the PAC reviewed a total of 24 randomly selected case records, and 68 CIT reports.

At PAC meetings, members review cases and reports with the intent of identifying policy or case practice issues that may need to be addressed by DSS. Recommendations are made to the Commissioner, through the Assistant Commissioner for Professional Services, and follow-through is provided by the "appropriate office". In 1988, the PAC established three subcommittees: Family Violence/Substance Abuse; Access to the Courts; Mental Health Services.

Social Workers

Issues relating to social workers, both public and privately contracted, are discussed in Section II, Part A, and throughout this report. This area will focus on social worker caseloads, standards of practice, and educational requirements for social workers.

Of the approximately 2,347 social workers in the Department, 89%, or 2,088 social workers work with child abuse and/or sexual abuse cases. The remaining social workers are Family Resource Workers who recruit, train, supervise and support DSS foster parents.

A main area of concern for the Special Subcommittee is that of social worker caseloads. The members consistently heard that social worker caseloads are unmanageable, causing workers to be "overwhelmed" and therefore unable to adequately and appropriately meet the needs of foster children and foster families. Caseloads are often determined by fiscal decisions, and by family units, rather than the number of children or members of the unit. The members have heard that in most cases,

while a social worker may have 18-25+ cases, each case actually consists of interactions with 75-100 persons, when other family members, siblings, court personnel, probation officers, educators, counselors, etc., are considered.

The Mass. Committee for Children and Youth has provided extensive information in this area in its report on compliance areas and agreement conditions set forth with DSS, in its previously referred to report. Also, the courts have ordered DSS to comply with caseload standards that provide for caseload ratios of 1:18 cases per social worker. While the Department has not yet reached compliance standards, efforts have been made to reach these standards. In addition, a court case initiated by foster parents in 1981, Dukakis vs. Lynch, ordered DSS to conform to caseload standards and reasonable ratios, and to conform to federal requirements for reimbursements and to meet eligibility requirements of the Child Welfare Services Act.

According to information received by the Special Subcommittee from social workers, workers in Boston "have caseloads 70% above that recommended by the Child Welfare League of America and 50% above their contract with DSS. They are assigned the responsibility for child abuse cases but are routinely put in a position where they can only respond to the crisis of the day." Findings in the MCCY report indicate that DSS remains in non-compliance with caseload standards and ratios in nearly every area office.

Recent fiscal constraints in Massachusetts could serve to retroact caseload standards that have been achieved to previous inadequate levels that create barriers to protect children from abuse and neglect, or to appropriately service children who are at-risk, or who have been abused. Estimates are that caseload practices could regress to ratios of 1:30+, thus inhibiting DSS social workers from protecting children.

The Subcommittee members have consistently heard that there is often a communication breakdown between social workers and supervisors, and that often social workers lack the authority or capacity to make direct decisions regarding situations that arise in a foster home, or when children or foster parents are in need. Social workers have to seek supervisory approval and decision-making for many determinations.

Concerns were expressed by many persons directly involved in this area, that often there is a communication gap between centralized decision-making and local implementation, including local decisions, planning, and budgetary and programming input by social workers and local agency personnel. Area and local social workers and other direct service personnel should be empowered and authorized to be more actively involved in direct decision-making.

Testimony presented at public hearings raises concerns that often social workers do not have the authority to make relevant and critical decisions regarding protection of children, or in the provision of needed services to children. The social workers frequently have to get authorization from supervisors, who are not familiar with the child's case, before any actions can be taken. Thus, time delays often occur before a needed service, or change in placement, or medical care, or a needs assessment can be provided. There is a great deal of confusion and concern about the interactive roles between social workers who are public workers, and private agency social workers, and between DSS' area offices, and area private service providers. Further discussion on these issues is contained in other areas of this report, particularly Section II, Part B.

The members are also concerned about the performance standards for social workers, the lack of appropriate and relevant undergraduate and graduate coursework, ongoing and continuing education and training, and interactive roles between social workers, supervisors, interagency social workers, and other aspects of social workers in functioning and operative roles in the Department of Social Services. Included in these concerns are excessive duplicative administrative work that may seriously impede the appropriate functioning role of social workers.

The members requested and received information from the Special Subcommittee on continuing educational and training programs for social workers in the Department. It is unclear whether these programs apply to public social workers, or to private contracted social workers. The members recommend that both groups of social workers, counselors, and other professionals working with foster children and other children in need. The training programs are summarized as follows:

Pre-Service Training: Each social worker receives 12 days of training upon being hired. Topics covered are: legal issues, investigatory practice, medical-health issues, and other topics, such as child neglect, indicators of family violence, sexual abuse, interviewing, service planning, foster care system, placement issues, and other relevant areas.

Investigations Training: Social workers take a 9 day course geared toward skills needed to complete a child abuse investigation; training is offered three times a year, utilizing in-house and outside trainers. Topics covered are: legal training, investigatory practice, medical/health concerns.

Legal Training: Courtroom testifying skills - 1 day, twice a year, trained by DSS attorneys; liability issues

for Social Workers - 1 day, offered twice a year; trained by DSS attorneys; Confidentiality in Social Work Practice - 1 day, offered twice a year, training provided by DSS attorneys.

Legal Aspects of Adoption and Foster Care - 1 day, offered once a year; training provided by DSS staff and adoption contract staff.

Permanency Planning and Mental Illness - 1 day, offered twice a year, training provided by DSS attorney and psychologist.

Children of Incarcerated Parents - 1 day, offered twice a year, by DOC and Aid to Incarcerated Mothers.

Enhancement Courses: Family Systems, Hard to Reach Clients, Homeless Families, Family Violence, Black Families, and other ethnic groups, Alcohol and Drug Addiction, Child Sexual Abuse and other topics.

Health/Medical Issues: AIDS families, 2 day training, offered once a year; Failure to Thrive- 2 day training, offered once a year, training done by Boston City Hospital; Eating Disorders - one-half day training, offered yearly; substance abuse and fetal risks; AIDS information workshop; working with families of developmentally disabled children; the use of medication in treatment.

A recent national study analyzing the educational backgrounds and work experiences of child welfare personnel has been conducted by Leiberman, Hornby, and Russell. The survey, entitled, "A Look Back", and conducted over a ten year period between 1978 and 1988, had the intent of determining the trends of educational levels to the perception of preparedness for social workers and other child welfare personnel in their respective fields of work.

Respondents in the survey stated that, "core curriculum for social workers had not changed sufficiently to accommodate present day social problems." In general, all respondents rated themselves lower in preparedness in skill areas, adolescent development, family systems and child development. Respondents rated their preparation in assessing problems and assessing risks as relatively high.

The study revealed that social workers appeared to feel they were poorly prepared in civil and criminal investigative services. Recent studies also indicate a shift away from the clinical model in child welfare toward legal rights issues.

RECOMMENDATIONS:

Area Offices and Boards:

While the members support DSS recently implemented restructuring plan, some impacted by fiscal constraints, the members remain concerned about the purchase of services plan, and duplications of roles and functions by public and private personnel. Recommendations previously stated apply here.

DSS should implement measures allowing social workers to have more authority to make needed decisions at the local and area levels. Standards for these decisions should be developed that provide social workers with guidelines in the determinations of decisions independent of supervisors or DSS' Central Office.

As the members have been informed that DSS does not have a consistent plan for the utilization of area resources, and that these decisions are made at the central office level, the members recommend that such a plan be developed to include more planning, involvement, and allocation of resources, services, and decision-making at the area and local levels.

As the members are concerned about the centralized autonomy of DSS, and a restricted decision-making at the area and local levels, the members recommend consolidation and reductions in regional offices, with more authority designated to area offices and local social workers and private agencies providing services.

Recommendations relating to the enhancement of the role and function of Area Advisory Boards are stated on page 190.

The members recommend that Citizens Boards be strengthened by defining more clearly roles, responsibilities, and authorities, and by increasing the role of the Boards in meaningful decision-making processes.

There should be improvement and strengthening in local planning, implementation, and budget proposals through enhanced functioning of Area Advisory Boards.

Initiatives are needed to eliminate costly waste in duplication of planning that currently exists. Built-in checks and balances are needed at the area levels for resource distribution and program planning.

Interagency Coordination; Group Homes and Foster Care.

The members recommend increased interagency agreements and coordination of resources, enhanced cost-sharing and effectiveness reviews and agreements, and a streamlining of all processes and procedures relating to foster children and children in need.

The Foster Care Subcommittee recommends the following proposal:

The Secretary of the Executive Office of Human Services should establish a working group or task force to study and provide specific recommendations for improving interagency coordination and cooperation to increase efficiency and effectiveness in assigning responsibility among state agencies for the provision and payment of services for children and families in need.

The study should detail protocols, policies, systems, the assignment and divisions of responsibilities within and among state agencies, and other areas needed to ensure the efficient and timely provision of services to children.

The study group would consist of members of EOHS, Office of the Purchase of Services within A. and F., DSS, DYS, DMH, DMR, OFC, Dept. of Education, members of the House of Representatives and Senate, provider agencies, consumers, families, and direct care staff. Findings and recommendations would be submitted to various Committees, agencies, and others. EOHS should determine and utilize the premier elements from each system, and develop consistent policies and uniform care standards.

As group homes are the most costly on the spectrum of services, initiatives should be made to reduce excessive use of group homes for children and youth who do not necessarily need them.

Area Boards should be involved in the decision-making needed for planning and budgeting of group homes and other resources.

Funds and resources should be re-allocated to improve utilization of foster care and specialized foster care and the streamlined utilization of group homes.

A reduction formula for the improved utilization of group homes, and a lessening of their use over a period of time, with an increasing move towards prevention, and increased utilization of foster homes, should be planned; monies saved through this plan should be used for resources that are needed.

There should be a continuum of services, ranging from in-home services, to prevention of removal of a child from the home, to placements in group homes and residential programs.

Social Workers

While recent fiscal constraints may serve to increase social worker-caseload ratios beyond reasonable numbers, the members continue to believe that these ratios should be kept at the 1:18 ratio established by the courts. Testimony received by the members states that a manageable caseload would be 15 cases, with 10 of them being investigative cases. Cases are figured by families, not the number of children in each family. A family could have 5 or 6 children in one family.

While DSS remains in non-compliance with worker-caseload ratios, the members support the initiatives that have been made by DSS, and recommends continued efforts to maintain a reasonable ratio. Preventive measures should be implemented to ensure that worker-caseload ratios and standards be preserved and enhanced.

While reasonable ratios of 1:18 have been established, these figures actually translate into 1:75-100, when figures are added in for all those persons involved in each case. Reasonable caseloads act to further protect and service children.

Social workers should be required to meet standardized academic requirements, and to receive periodic, ongoing training and educational sessions on current critical and relevant issues relating to children and families.

Professionals, administrators, educators, and others should evaluate current social worker academic coursework and curriculum content to assess relevancy to current social work practices, policies, issues, and needs. When identified, revisions in course content and subject matter, along with academic requirements, should be implemented to ensure adequate professional education and training to address the critical nature of current needs and issues.

Social workers should receive updated training and educational sessions and coursework requirements, on a periodic basis, to ensure that professional skills and knowledge are maintained on a current basis. Coursework and training sessions should be conducted through in-house seminars, training programs, and through continuing education, with incentives provided.

Improve the status, training and authority of ongoing DSS social workers and those of contracted private provider agencies. Incentives should be provided to social workers to improve the quality and status of this profession, with increased respect and enhancement of the role and function of social workers.

Social workers should be trained to be insightful and responsive to the interactive roles between foster families and natural parents and families.

Foster Parent Reimbursements

The members recommend that, as an absolute standard, foster parents receive equitable reimbursements for care of foster children, and that, under no circumstances, should clothing allowances, needs, and other care expenses, especially those for specialized care, be allowed to decrease below a moderately acceptable level. At no time should foster parents reimbursements be allowed to lapse or be delayed. When feasible, foster parents' allowances and payments should be increased to appropriate levels, and "out of pocket" expenses should be reimbursed in a timely manner. Foster parent payments and allowances should be accorded a professional reimbursement level.

Federal Revenues and Reimbursements; Social Security Act;
Child Welfare and Adoption Assistance Act, Titles IVB & IVE.

There are two main sources or streams of federal funding to states relating to adoption assistance, foster care, and child welfare programs. These two funding sources are:

- Child Welfare - "The Adoption Assistance and Child Welfare Act of 1980" (42 USC 627-Title IVB)
- Foster Care - "Federal Foster Care Programs" (42 USC 670 et. seq. - Title IVE)

Both of these funding sources are sections of the Social Security Act, and were enacted by the Child Welfare and Adoption Assistance Act of 1980 - P.L. 96-272. Title IVE is a federal entitlement statute.

Intent of Title IVB and Title IVE

Title IVB and Title IVE were implemented to provide support services to promote the welfare of children. According to the US House Ways and Means Committee, "Title IVB authorizes several general child welfare programs and Title IVE authorizes the Aid to Families with Dependent Children, Foster Care, Independent Living, and Adoption Assistance Programs. The Child Welfare and Foster Care programs are intended to operate in consort to help prevent the need for out-of-home placements of children and, in cases where such placements are necessary, to provide protections and permanent placements for the children involved."

Funding is provided under the Foster Care program to assist states with the maintenance costs of low income (AFDC-eligible) children in foster care. The Independent Living program is intended to help states facilitate the transition of children from foster care to independent living; and the Adoption Assistance program is primarily to help states support the adoption of AFDC - or SSI-eligible children with "special needs" such as ethnic background, age, membership in a sibling group, or a mental or physical handicap.

The Evolution of Federal Child Welfare Programs.

The philosophy inherent in child welfare programs is that, "it is generally agreed that it is in the best interests of children to live with their families. To this end, experts emphasize the value of preventive and rehabilitative services intended to help families stay together whenever possible, and emphasize the need to limit the duration of foster care placements by returning children to their homes whenever appropriate and finding permanent living arrangements for children who cannot be returned home."*

* US House Ways and Means, Green Book, 1990.

Social Security amendments between 1935 and 1962 broadened the definition of child welfare services to include social services that supplement or substitute for parental care, including care for children away from their homes in foster family homes or child care facilities, and provided for the use of funds for services to all children in need. Amendments in 1958 required states to provide a matching amount for the federal funds under the program. The Child Welfare Services program was transferred to Title IVB of the Social Security Act of 1967.

In 1980, the Adoption Assistance and Child Welfare Amendments of 1980 were enacted (P.L. 99-272), modifying both the Child Welfare Services and Foster Care programs, transferring the Foster Care program from Title IV A to Title IV E, and establishing a new Adoption Assistance program under Title IVE. This legislation includes incentives to states to help reduce long-term foster care.

The Foster Care and Adoption Assistance programs were amended in the 99th Congress, under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA, P.L. 99-272). This legislation established a new entitlement program under Title IVE to help states facilitate the transition of children age 16 and over from AFDC foster care to independent living. The program is called the Independent Living program.

Legislation was also enacted as part of the Tax Reform Act of 1986 (P.L. 99-514) that amended the Adoption Assistance program under Title IV E to provide for federal matching funds for the one-time adoption expenses of children with special needs, whether or not the children are eligible for AFDC or SSI payments.

During the 100th Congress, legislation was enacted to expand the Independent Living program to include children ages 16 or over who are in any foster care situation and to provide services for specified children for 6 months after foster care payments or foster care ends. (P.L. 100-647)

Title IVB:

The Child Welfare Services program under Title IVB permanently authorizes 75% federal matching grants to states for services that protect the welfare of children. These services are to address problems that may result in neglect, abuse, exploitation or delinquency of children; prevent the unnecessary separation of children from their families; and restore children to their families, when possible; place children in adoptive homes if restoration is not possible; and assure adequate

foster care when children cannot return home or be placed for adoption. There are no federal income eligibility requirements for the receipt of the child welfare services.

Funds allocated can only be used for child welfare services, and states are required to implement certain foster care protections for all children in foster care in order to be eligible for child welfare services funding over specified levels.

A state may receive funds in excess of a certain amount if it has done the following:

1. conducted an inventory of all children in foster care who are under the responsibility of the state for 6 months prior to the inventory and determined the appropriateness of and necessity for, foster placement; whether the child can or should be returned to his parents or be freed for adoption; and the services necessary to facilitate either the return of the child or the placement for adoption or legal guardianship; and
2. implemented and is operating to the satisfaction of the Secretary a statewide information system on every child in foster care or who has been in such care within the preceding 12 months, including goals for placement; a case review system for every foster care child under the supervision of the state; and a service program designed to help children return to their families when appropriate or be placed for adoption or legal guardianship.

Title IVE:

The AFDC Foster Care program under Title IVE is a permanently authorized entitlement program that provides open-ended matching funds to states for the maintenance payments made for AFDC-eligible children in foster care family homes or child care institutions housing up to 25 people.

The program is required of states participating in the AFDC program (all states participate).

The federal matching rate of total expenditures for a given state is that state's Medicaid matching rate, which averages about 53% nationally. States may also claim open-ended federal matching (50%) for their administrative costs for this program and (75%) for state training expenditures (for training of personnel employed or preparing for employment by the state or local agency administering the program.)

The maintenance payments under the Title IVE Foster Care program are for the costs of food, shelter, clothing, daily supervision, school supplies, general incidentals, liability insurance for the child, and reasonable travel to the child's home for visits. Children in the AFDC Foster Care program are eligible for Medicaid and the state in which the child resides is responsible for providing the Medicaid coverage.

Federal matching for maintenance payments for voluntarily placed foster care children is at state option: states may receive federal matching funds for voluntarily-placed foster care children only if they have implemented the child welfare and foster care services and procedures required under section 427 of the Social Security Act. Federal matching for voluntarily-placed children does not continue after 180 days unless there has been a judicial determination that the continued placement is in the best interest of the child.

Current HHS regulations give the following examples of allowable administrative costs for the Foster Care program:

- referral to services
- preparation for and participation in judicial determinations
- placement of the child
- development of the case plan, case reviews, case management and supervision
- recruitment and licensing of foster homes and institutions
- rate setting
- a proportionate share of agency overhead

Adoption Assistance Program

The Title IVE Foster Care program provides states with additional incentives to emphasize child welfare services in lieu of foster care placement, and additional incentives for states to implement foster care protections.

The program also provides for Adoption Assistance that is an open-ended entitlement program required of states participating in AFDC. The program requires states to develop adoption assistance agreements with the adoptive parents of children with "special needs". It provides federal matching payments to states that, under these agreements, provide adoption assistance payments to parents who adopt AFDC- or SSI-eligible children with special needs; and pay the one-time adoption expenses of parents of special needs children.

The federal matching for this program is based on the state's Medicaid matching rate, which averages about 53% nationally. States may also claim up to 50% federal matching for one-time adoption expenses, up to a maximum of \$2,000 total expenditures for any placement. States may also claim open-ended federal matching (50%) for the costs of administering the program and for training expenses (75%).

Massachusetts: Summary of Information Received from the Department of Social Services on Titles IV B and E.

Federal Reimbursements Received by DSS:

	FY87	FY88	FY89	FY90
Title IVB	\$2.6M	\$4.45M*	\$4.45M*	\$4.45M
Title IVE	\$5.4M	\$5.2 M	\$7.0 M**	\$20.0M

* DSS certified that it met the additional section 427 incentives requirement effective Oct., 1987. DSS' section 427 incentive funds amount to \$1.8M a year.

** Estimated revenues.

***DSS submitted nearly \$20M in Title IVE claims during FY89. Resolution of this \$13M difference is currently being discussed with the Dept. of Health and Human Services, Office of Human Development Services. Administration for Children, Youth and Families. DSS states, "resolution of this issue may involve an appeal to the Federal Grants Appeal Board and/or a suit in Federal court."

Federal Revenues appropriated in FY90 budget:

Title IVB	\$ 4,326,635	Line Item	4899-0001
Title IVE	\$20,000,000	Line Item	4800-0210

In a memorandum received by the Special Subcommittee from DSS, in January, 1990, the Department had received \$12,115,954 in awards under Title IVE claims, with another three additional awards anticipated totaling \$12,900,000, bringing the anticipated amount of federal revenues to \$21,937,124.

In December of 1990, federal officials ordered DSS to return \$1.9 M in grant monies for refusing to allow examination of the state's foster care program through a federal audit. Massachusetts is the only state in the nation that has never had a federal inspection to ensure that certain

protections for children are in place in the foster care system. The request to DSS for return of the funds is for monies received in 1988. DSS' refusal to comply with the audit could also jeopardize \$3.8M received in 1989. DSS' spokespersons have stated that there are disagreements over which children in care should be audited. Federal officials state that the audit should be conducted on children in care six months or longer; the Department would prefer audits on all children in care.

DSS has been working towards passing the Title IVB audits, in order to be able to maintain the incentive funds. These funds are referred to as "427 incentive funds". and several steps must be taken by the Department to ensure compliance and thus receive these funds. DSS has changed its' policies on two of three areas, in order to receive the funds:

1. Special needs voluntary agreements have been grouped into the Parenting Partnership Program for the purpose of being exempt from the Dispositional Hearing requirement.
2. DSS Voluntary Placement Policies have been revised so that voluntary placements cannot exceed 18 months.
3. Legislation was passed into law in Nov. 1989, bringing the statute into compliance with federal law regarding dispositional hearings.

In July, 1989, DSS began a review of all out of home cases, in order to determine each child's eligibility and claimability.

Effective in Sept., 1989, DSS policy would limit voluntary placements to not more than 18 months. Determination of this area is currently being assessed by the Special Subcommittee on Foster Care.

DSS certified for funds under these Titles in 1981 and 1982, but had major compliance problems in 1983. and had to return \$900,000 in 427 incentive funds. The primary problem area hindering the Department's receipt of these funds lies in Massachusetts' policy of accepting many voluntary placements and in not conducting dispositional hearings for many out of home cases.

For a variety of reasons, the statutory requirements regarding dispositional hearings has not been fully implemented on a timely basis in Massachusetts, and the state was not certified under Section 427 of Title IVB programs from 1980-1988.

The provisions stated in Ch. 119, s.29B regarding court-ordered placements of children in foster care does not address children who come into the care and custody of the Department of Social Services through voluntary agreements. The state does provide for a hearing requirement in DSS Policy 83-3, which addresses court hearings for voluntary placements in substitute care. This policy provides that no child may remain in substitute care for more than 18 months unless the Department has sought and obtained a hearing in a court to determine the future status of the child.

DSS is currently developing new policies and procedures that more clearly define the circumstances under which a child will be placed in foster care through voluntary agreements. Part of these new policies will further define the rights of parents who place their children through voluntary agreements.

The Special Subcommittee has filed legislation for the 1991 session that amend Ch. 119, s.29B by requiring DSS to develop and implement standards and guidelines for the determination of the future status of the child. The plan for the child, to be submitted to the court prior to a hearing, shall contain specific measures taken by DSS to ensure that reasonable efforts were made to maintain the child in his or her home prior to removal, if necessitated, or that reasonable efforts were made, subsequent to removal and placement in care, for reunification of the family.

The Special Subcommittee on Foster Care has been concerned about several areas of DSS' compliance or non-compliance with federal requirements necessary to ensure adequate and appropriate services and programs to children in foster care. that focus on the prevention of unnecessary removal of the child from his or her home, and, if removal and placement in foster care are necessary, efforts to reunify the child with his or her family. Permanency planning in the best interests of the child is a foremost concern of the members.

The Special Subcommittee conducted several public hearings on issues involving the foster care system. The Title IVB and E issues and extensive information on the problems inherent in Massachusetts efforts to maximize federal funding programs, and provide services to foster care children, was presented to the Subcommittee through testimony by Barbara Mitchell of the Greater Boston Legal Services. The memorandum prepared to the Special Subcommittee members at a public hearing is submitted at the end of this section.

The Special Subcommittee held meetings, and requested follow-up information and data from the Department of Social Services and from Greater Boston Legal Services. In addition, the members communicated with federal agencies, and with US House Ways and Means staff for further pertinent information.

The members have researched the issues involved in Title IVB and E extensively, and has documented as much as is currently possible the requirements for federal funding, the exact nature of the compliance areas, the level of participation and initiatives made by DSS in attaining and meeting federal requirements, and thereby receiving maximum federal funds. A determination of exactly what measures DSS has taken to meet requirements and compliance areas has been studied by the Committee, and will continue on an ongoing basis by the members.

The Special Subcommittee requested a formal public hearing on Titles IVB and E, held by the Joint Committee on Federal Financial Assistance. The hearing was held on May, 1989. Those in attendance included the members of the Joint Committee, members of the Foster Care Subcommittee, the Department of Social Services, and Greater Boston Legal Services. The Special Subcommittee prepared a list of questions and problem areas to be discussed at the hearing. Extensive information was provided through the hearing by DSS and its' representatives.

In 1989, at four public hearings - two before the Joint Committee on Human Services, and two before the Joint Committee on Ways and Means, the Secretary of Human Services and the Commissioner of Social Services both testified that DSS was actively seeking federal funds through both titles, and was taking corrective measures to maximize this funding. Amounts to be obtained by DSS from federal funds were stated as being between \$30 and \$35 million, annualized over a period of time.

The state could get federal monies retroactively, for two years, if federal requirements are met for foster care, group care, and adoption services. 75-80% of federal funds can be obtained retroactively.

Recent figures provided at the request of the Special Subcommittee on Foster Care indicate that these amounts have not been realized, and recent information indicates that some funds must be returned to the federal government by DSS. The Department has made positive efforts to maximize federal funds, but serious impediments remain in compliance areas. The members have recently written to DSS to request updated information on federal funds received, and on what specific compliance measures have been taken and remain to be taken.

Areas of concern to the members of the Special Subcommittee are the following:

1. location and placement of all children in foster care in Mass.
2. an inventory of all children in out-of-home placements
3. voluntary agreements with families to place children in foster care
4. applicable standards and uniform procedural guidelines for removal of a child from his or her home; reunification of the child with his or her own family. pending removal and placement in foster care; adoption and other options for permanency planning
5. an array of preventive and interventive services to ensure the previous measures and goals are achieved
6. a clarification and definition of what constitutes reasonable efforts
7. assessments and evaluations used to determine and define the decisionmaking involved in the "best interests of the child"
8. specific corrective measures taken and to be taken to ensure the maximum provision of services to children in foster care, and appropriate, safe, adequate, and nurturing placements of children with the goal of reunification with their families, if possible, and a goal of permanency planning for all children
9. case plans, case management, and case review for all children in substitute care
10. specific corrective measures taken and to be taken to ensure the maximization of federal reimbursements and funds for children in out-of-home placements

Areas of Compliance and Non-Compliance for Mass. to Receive Federal Funds under Title IV-E.

The following areas are general categories in which Mass. is either in compliance or in non-compliance with federal requirements for revenues.

Compliance

Voluntary placements of children in foster care--signed agreements by all parties. Parental right to revoke, and have child returned home, unless a judicial determination is made.

Non-Compliance

Court must review cases of voluntarily placed children to determine if placement is in child's best interest and child is in care for more than 180 days.

Compliance

Non-Compliance

DSS agreements now expire after 6 months and can be renewed for additional 6 month periods without court intervention.

Mass. currently receives reimbursements for children placed in foster care pursuant to a court order. According to DSS, approximately 64% of the 8600-9,000 children in substitute care have been placed by court order; the other 36% or 5500+ children are in care pursuant to voluntary placement agreements.

Compliance

Non-Compliance

Mass. has procedural safeguards for removal of child from his or her home.

DSS regs. provide for visitation rights and give grievance rights to natural parents.

All children in foster care must have a dispositional hearing no later than 18 months after the child's placement in care and periodically thereafter. Hearing determines if child should be returned home, placed for adoption, or continued in foster care.

Mass. has hearings for court-ordered placements, but none for voluntary placements. Need dispositional hearings for all children in care.

There are no provisions or regulations regarding change of placements. Need rights of parents to Fair Hearing when dispute over visitation or change in a placement.

State must develop inventory of all children in foster care for six months.

Must include determination of appropriateness and need for placement and services required for return home, for adoption or legal guardianship.

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State must implement an ongoing statewide information system to have data on children in care and track their progress.

State must implement a pre-placement preventive service program to help children remain with families and a reunification service program to help children return to families, or be placed for adoption or guardianship.

DSS has inadequate preventive and reunification services programs.

Federal Revenues and Reimbursements; Social Security Act,
Child Welfare and Adoption Assistance Act, Titles IVB & IVE.

FINDINGS AND RECOMMENDATIONS

At public hearings of the Special Subcommittee, Barbara Mitchell from the Greater Boston Legal Services, testified that Mass. was in non-compliance with several areas of federal eligibility requirements necessary for the state to receive federal funds for certain areas of foster care and adoption. These areas of non-compliance prevent Mass. from receiving substantial amounts of federal funds and reimbursements.

Further documentation is needed to determine whether or not the conditions and reasons for DSS' refusal to comply or inability to comply are valid, and whether or not the procedures under question are in conflict with practices that promote the best interests of the child-on both the federal level and the state level.

The Subcommittee received substantial amounts of information pursuant to hearings, and documented as much as is possible the areas of non-compliance by DSS. After several discussions and communications, and through incentives of the Subcommittee, DSS began to initiate comprehensive efforts to address the areas of non-compliance.

While supporting the efforts of DSS to pursue federal monies, the members continue to request DSS to pursue the full amounts of funds available to the state, so that the needs of foster care children can be more fully met.

While recognizing that some of the federal requirements are negative incentives designed to enforce states to improve foster and adoptive care for children, and that some of these requirements are very difficult to achieve, or are in opposition to some policies and philosophies of the state, the members urge that every effort be made to achieve funding in those areas that are most beneficial to foster children, and adoptive children.

In a statement to the Special Subcommittee in March of 1990, a representative for DSS stated, "there is no federal requirement that funds received by DSS in the Title IVB, Title IVE programs be used for foster care. Since these acts relate specifically to enhancement of services and planning for foster children, the members

FINDINGS AND RECOMMENDATIONS

strongly disagree with this statement, and urge DSS to immediately revise this view to be more in conformity with the intent of the federal Acts.

The members recommend that DSS be in compliance with all areas, in order to ensure that the state is in compliance with requirements to receive federal funds. DSS should continue to strive to achieve these goals, in as many compliance areas as is possible.

Previously, and in the present, DSS has received federal funds which had to be returned, when the state failed to meet and maintain requirements and eligibility standards. The members urge DSS to take absolute measures to ensure that this practice is not repeated, to secure federal funds, and to secure the safety, protection, and servicing of children. The members also urge DSS to implement measures to be in compliance to receive retro-active funds.

While the areas of compliance are thoroughly discussed in the previous section, they are summarized as follows:

- a. case plans for children in foster care: specific elements to be included in case plans
- b. periodic reviews (every 6 months) of every out of home placement, and assurance that the reviews meet requirements
- c. court reviews within 18 months of placement
- d. statewide inventory of all children in out of home placements
- e. statewide child welfare information system
- f. dispositional hearings within 18 months
- g. establish a reunification/adoption program
- h. establish a preplacement preventive program

Other areas of compliance involve issues of children who are AFDC recipients and are foster children. Some of these areas are: case management, case referrals, participation in judicial determinations, supervision, recruitment and licensing of foster homes, rate setting, and a share of agency overhead.

The members recommend that areas identified as needing continued compliance, or updated compliance, be initiated by DSS, and that all areas providing incentives for the permanency planning for the child be met and maintained.

DSS has stated that it meets some aspects of the 18 month dispositional hearing criteria in that when a child is voluntarily placed in care, an agreement would not last longer than 18 months. The members are further reviewing this area, as it relates to children being "caught" in a drift, and moving from placement to placement, or continuing in care for inordinate periods of time, without permanency planning. While the goal of permanency planning for children in care for longer periods than 18 months is commendable, the members recommend that parents who voluntarily place their children in care, and who require extended time periods towards the intent of reunification, be allowed an extended time period to complete the reunification process. Parents should be informed of this standard, and a reasonable timeframe, pending evaluations of progress factors and conditions, should be established with all parties involved.

Many of the areas of compliance are discussed throughout the report, with accompanying findings and recommendations.

Educational Issues for Foster Children

While educational issues were not formally addressed and studied by the members of the Special Subcommittee, several areas of concern were presented. These areas are discussed below, and need further study and evaluation.

School Placements and Reimbursements

At public hearings of the Special Subcommittee, there was consistent testimony that foster children are often removed from their schools, and placed in other schools some distance away from their original schools. Foster children are often placed in school systems without prior notification, and at varying times throughout the school year. Children often arrive at school without any records, information, or tuition, if this is required.

Many school districts across the state report high costs for special needs students whose population includes foster children. School systems officials state that they do not always receive appropriate reimbursements for foster children, or have increased numbers of foster children in their systems.

Many communities are receiving only partial reimbursements for the cost of teaching foster children, and are not receiving the full 100% reimbursement required by law. This law exemplifies the problems with underfunding, or the absence of funding for state programs and services that are mandated. The law states, "the Commonwealth shall fully reimburse said city, town, or regional school district for the child's tuition each day the child is enrolled."

Some data indicates that the lack of full reimbursements for foster children is more difficult for less affluent communities, where there appears to be higher concentrations of foster children. As educational officials state that foster children can require additional education programs and support services, due to familial problems and other factors, these added costs, without the full reimbursements, create negative impacts on these communities.

Testimony presented to the Special Subcommittee by the Commissioner of the Department of Education states, "one of our major concerns has been providing for educational continuity and consistency in the lives of foster care and homeless children. For many such children, school can be the major stable factor in their lives." The Commissioner then gave support to DSS for efforts to reduce the number of placements of each foster child. The Department of Education has recommended

the development of a system by which school districts can identify foster care children and are reimbursed for their tuition costs, and that this system be improved and refined so that school districts can receive timely notice of a placement and can receive 100% financial reimbursement. The Department recommends that every effort be made "to prevent foster children from suffering the social consequences of being labelled negatively, and the promotion of their positive growth and development in and out of school."

The Educational Advocate Project

A collaborative effort between the Department of Education, Department of Social Services, Office for Children, and other state agencies and local school districts has been formed to implement the Educational Advocate Project. According to DOE, the Project "fulfills the mandates of the federal law-P.L. 94-142- and Mass. Ch. 766 regulations. Both entitle children to an Educational Advocate when they are without parental representation."

The program is for children between the ages of three and twenty-two who live in foster homes, residential schools, group homes or pediatric nursing homes. These children are in the care or custody of a state agency or their parents are unknown or unavailable. According to DOE, "these children have identified special needs or are awaiting an evaluation. They need a committed adult to represent them at all levels of the special education decision-making process."

Educational advocates are recruited from the general public and appointed by the Associate Commissioner for Special Education. Appointments are renewable annually.

The members received extensive information on this project from the Department of Education. One area of concern is whether or not biological parents retain educational decision-making rights for the purpose of representing the child in the special education process, or whether an Educational Advocate should be appointed.

DSS and DOE representatives have formed an agreement by which DSS (or private agency) social workers will not be permitted, by federal law, to sign individual Education Plans.

According to the agreement, "a foster parent would be recommended to DOE for appointment as the Educational Advocate for a child in his or her care when it is in the best interests of the child, and if the foster parent consents." Many foster parents are already active participants in attending to the special educational needs of foster children in their care.

Special Education of Foster Children

DSS regulations, 110CMR, 7.402, state, regulatory practices relating to educational advocates. The regulations also state, "for children in the care of the Department, the Department shall not exercise special education parental rights unless there is specific language in the Voluntary Placement Agreement delegating special education parental rights to the Department. The Department shall only request delegation of special education parental rights for children placed in Department care voluntarily when supported by an assessment which determines that exercise of those parental rights is essential to the provision of social services to the family."

With regard to cost-sharing of residential school placements, the regulations state, "The Department shall not enter into voluntary placement agreements with the child's parents solely for the purpose of sharing the costs of any residential school placement with an LEA."

The members received information that DSS often refers foster children for placement in special needs programs, with the knowledge that Chapter 766 placements fall under entitlement programs. This results in many towns assuming the responsibility for a greater portion of the payments for these placements. Towns must then pay 60% of the residential tuition directly to vendors. DSS pays a 40% share of these costs. If DSS places a child into a residential program, the tuition is shared with towns on a 50-50 basis.

RECOMMENDATIONS

While it is difficult to assess the practical realities of keeping foster children in their original schools, in their communities of origin, the members recommend that permanency planning goals include reasonable and prolonged placements of children in schools that will provide the most adequate and appropriate learning environment for foster children.

The members are reviewing the feasibility of recommending an impact study on areas of the state with high rates of foster care placements, and the subsequent feasibility of increased efforts at recruiting foster parents in these communities. The intent of this study would be to increase the numbers of foster homes in certain communities of need, with the outcome of retaining children, as much as possible in their schools of origin, or nearby in these communities.

The members recommend that foster parents receive all educational information on a child at the time the child profile information is received. DSS, or a contracted provider, should work closely with foster parents, and natural parents, to ensure that schools have information necessary to provide continuity in the child's educational programming and planning.

The members recommend that all efforts be made by the Department of Education to fully implement a plan to identify children in foster care across the state, and implement a system whereby communities would receive the 100% reimbursement for foster children with special needs. The members support DOE plans for these initiatives, and recommends full compliance by the state to conform with federal and state mandates.

The members fully support the endeavors of DOE, stated in its testimony to the Special Subcommittee, "we are proposing that the system by which school districts identify foster care children and are reimbursed for their tuition costs be improved and refined so that school districts can receive 100% financial reimbursement."

The members fully support the Department of Education's premise that such endeavors can be implemented without risking the confidentiality surrounding such placements.

The Special Subcommittee is continuing to study all issues involving foster children who are also special needs students. The members have found that there are issues of cost-sharing between the Dept. of Education and the Department of Social Services.

Educational Advocacy Project

The members recommend an expansion of the Educational Advocacy Project on a statewide basis. Efforts should be increased to identify a wide range of special needs in foster children. The members recommend expanded outreach and education efforts to recruit volunteers to expand this program.

Biological parents should be included, whenever feasible, and in the best interests of the child, in all planning for their children while in foster care, including planning and programming for special education needs, and in all decision-making processes.

The members support the Agreement between DOE and DSS, regarding the appointment of a foster parent as the Educational Advocate for the child, to act on behalf of the child, including the signing of an Individual Education Plan. The members would support an amendment to the Agreement that, when feasible and in the best interest of the child, the biological parents of the child should be included in the development of any and all plans and programming for the child, including the Education Plan. The members support the implementation of the Agreement on a statewide basis.

In making determinations as to the level of involvement of biological parents in decision-making for their child, there should be consideration given by the courts, and others involved, as to the likelihood of the child's returning home, and the child's need for continuity of educational decision-making.

Special Needs in Foster Children

Recommendations in this report relating to service plans, educational needs, interactive roles between agencies, biological and foster parents, case reviews, etc., are also applicable in this area.

Foster children should be given the same attention as any other child, or any other child with special needs, and should not be treated differently because of being a foster child. However, needs of the child that may be attributed to conditions leading to the child's becoming a foster child, should be considered in all needs assessments, and services planning.

Children should not be referred for special education programs by DSS solely for reasons of cost-savings, or solely for reasons of becoming foster children. Foster children should not be placed in special needs programs unless educational evaluations warrant placement for Ch. 766 services as defined and categorized in the statute. The members are currently reviewing DSS' system of placing, or referring foster children for Ch. 766 educational programming.

There are statewide discussions taking place calling for the reform of the special education law, Ch. 766. The members support these efforts, and urge a state commitment to ensure that special needs costs for foster children are shared on an equitable basis.

Issues relating to special needs in foster children are being further reviewed by the Special Subcommittee.

The Courts and Foster Children

At public hearings of the Special Subcommittee, consistent testimony indicated several areas of the court systems in need of revision and reform to improve the judicial procedures relating to children's needs, especially those involving care and protection and the removal-placement-reunification of children.

Among the areas of concern and in need of reform are the backlog of court cases in juvenile proceedings, the shortage of judges, especially those trained in foster care, and care and protection issues, and the confusion of roles and responsibilities among various attorneys representing the various parties involved: biological parents, foster children, state agencies, and, at times, foster parents. In addition, social workers are often required to spend large amounts of time waiting in courts for proceedings to take place, and must often make frequent return visits to court when cases are continued, or there are long-term procedures in the decision-making process for the child.

Coincidental with the inquiries and public hearings of the Special Subcommittee, and extending to recent times when budget cuts have occurred, media accounts have stated that social services and court caseloads are overwhelming the state's court systems and resources. Predictions are that the current conditions will worsen over the next few months, especially if additional budget cutbacks are imposed.

There are currently three different court forums that have jurisdiction to hear cases involving care and protection of a minor. The juvenile court has jurisdiction over these matters under M.G.L. Ch. 119, s.24, in territorial areas where there are juvenile sessions; probate courts have jurisdiction under Ch. 119, s.23C. Each of these venues handles cases as it warrants within the broad parameters of Chapter 119. In all other areas, the district courts hear these matters in their juvenile sessions. Frequently, these three jurisdictions and practices within and across these jurisdictions, results in non-uniformity in dealing with juvenile matters, including care and protection issues.

In addition to information presented to the members of the Special Subcommittee, advocates state that not having a court system set up for children means that there are many judges and other court personnel who are not adequately trained, or have an orientation to, these types of cases.

Cumbersome and prolonged legal processes and procedures often extend the period of uncertainty for foster children.

At a meeting with members of the Special Subcommittee with Judge James Cronin of the Barnstable District Court, and Judge Robert Walsh, Jr., of the Orleans District Court, both judges stated that the development of family courts and the appointment of additional children's care-oriented judges would be "steps in the right direction" in solving some of the problems inherent in the judicial system for children. Other suggestions received by the members indicate the need for courts to appoint persons trained in foster care issues and family issues to hear foster children and adoption cases.

An article in The Boston Globe in November, 1989, stated that "children's court cases often drag on for years", and that "children are left in legal limbo, awaiting a trial and a decision about the fitness of their parents in care and protection cases".

A study in the Family Law Advocacy Project in July, 1989, revealed that in some district courts, the average period of time needed to reach a trial and decision was two years. Some areas of the state averaged longer periods of time. In one area of the state, the court had to forward 140 cases to the Boston Juvenile Court, due to serious backlogs in the processing of cases. Some records of these cases revealed that there was no indication stated about what happened to these children. The Department of Social Services, which files most court petitions seeking the care and protection of children, estimates a 30% increase in these cases this year.

While some attorneys and judges consider these cases to be the most important in the courts, long-term delays can further compound the loss of a stable permanent home for the child, and can contribute to the next generation of criminals and dysfunctional parents, which then often leads back to the courts.

The report of the Project states that some judges and some courts have "seen generations come before the courts... parents who use to be in the courts as children now have their children before the courts in the same proceedings". The report also states that, "even for parents wrongly accused, court delays sap their will to fight and forces them to reach a possibly unsatisfactory settlement short of a trial".

Some experts in this area feel that courts should adopt binding time standards for the handling of these cases, similar to those that exist for other cases.

The Project report concludes, "the state needs a family court system, incorporating a variety of cases now divided between juvenile, probate and district courts, with judges specially trained for the job".

The Supreme Judicial Court has urged that measures to facilitate the handling of care and protection cases be implemented. Since delays make it more difficult for parents to get their children returned home, some professionals in the field are urging the SJC to establish a higher burden of proof for the state to remove children from their parents early in a case.

A recent article in the New England Journal of Medicine states, "the judicial process is hampered by insufficient resources, struggles between agencies, delays, bias in favor of biological families, and a lack of clinically relevant research. Children have to wait for long periods of time." The study, "Protecting Severely Abused and Neglected Children - An Unkept Promise" (Jellinek, Murphy, et al, Dec. 1990) - was conducted on 206 cases of families brought before the Boston Juvenile Court.

Other findings of the study indicate that:

- Children who entered the Boston courts in 1985 and 1986 are still in temporary placements.
- Often when children are returned home, there is repeated abuse by family members, before permanent placements are found.
- There is poor coordination of services and a lack of resources, therefore children rotate among foster homes, court appearances and dysfunctional parents.
- There are few studies that track children through systems; there is no data to evaluate the effectiveness of judicial decisions.
- Parents who complied with court orders had their children returned; those who did not comply had their children removed. There is no data to indicate which course of action was beneficial to the child, or in the best interests of the child.

Information received by the Special Subcommittee indicates that a judge can appoint a guardian ad litem for children, in cases that are court-related. The role of the guardian ad litem will be further studied by the members.

The role of attorneys assigned to biological parents, children, agencies, and, at times, foster parents, was also reviewed by the Special Subcommittee. There is some opinion that the role of the attorneys could be strengthened to achieve more responsibility for overseeing the treatment plans, or service plans, and monitoring their effectiveness.

Other reports to the Subcommittee, and testimony at public hearings indicated concerns that foster children do not have the opportunity to meet with their attorneys before court proceedings, and that attorneys often enter the courtroom largely

uninformed about the child, and often unprepared to represent the child or youth throughout the many complex aspects of the legal options, social services and treatment options, and other aspects of the issues involved in the child abuse investigation and foster care systems. In many states, it is a law that attorneys must meet with their clients prior to their court date. Foster parents who already have children placed with them often are forced to retain their own attorneys. In addition, often the Department of Social Services also do not see the children before a court appearance.

Judge Marie Jackson-Thompson, at a foster care conference in March, 1989, gave the following observations regarding the foster care system and the courts:

- a. Attorneys for children often sign a service plan and do not know what it states, or what the contents of the plan consist of.
- b. Attorneys often do not know how the system works.
- c. It is difficult for foster parents to question attorneys.
- d. Judges and attorneys need training.
- e. Cost sharing is necessary for services.
- f. Parents and foster parents are not empowered enough to handle court processes, and assert their rights.
- g. If children want to have the foster parent present in court, the foster parents should be allowed to attend, and to have an enhanced role in foster care proceedings. Foster parents should have access to sources and resources.
- h. Most of what occurs in juvenile courts, occurs outside the court sessions.

The Mass. Association for Professional Foster Care has developed a Courts-Related Issues Committee, in order to study issues related to court procedures, and to determine how foster parents can best impact on the courts on behalf of children in their care. The Committee is interested in educating itself, as well as in educating others. The Committee has initiated subcommittees to review issues related to Children's Adoptive Rights, Statistics and Research, and Western Massachusetts. The Committee is also reviewing other issues for the development of a range of projects. The Committee has developed a survey to assess the legal interests and concerns of foster parents.

The members received information from the CASA Project, (Court Appointed Special Advocates), in Worcester. This program recruits, selects, and trains volunteers to become Advocates and act as guardians ad litem for children involved in the court system. The CASA submits reports to the courts,

and remains with cases until resolution. This program should be initiated statewide, and there should be enhanced efforts to provide outreach and education to recruit volunteers to become advocates.

RECOMMENDATIONS:

There is a need for a system of family courts in Mass., with education and training for judges in the areas of child care, child maltreatment, family violence, and other areas relating to family and children's issues.

As more families than ever are involved with the court systems, and there is evidence to suggest that the current court systems as applied to foster children is complex, time consuming, and cases are seriously backlogged, and as there is a shortage of judges that handle cases of foster children, the Special Subcommittee will continue to review this area.

There should be mandatory training for judges, clerks, probation officers, and other court personnel in matters of the care and protection of children, child welfare, and juvenile issues. This area is especially critical for appropriate permanency planning for foster children.

The members support the Supreme Judicial Court recommendation that measures be developed to facilitate the handling of care and protection cases.

The members support the recommendation that courts should adopt binding time standards for the handling of these cases, similar to those that exist for other cases.

The members recommend that research be conducted on cases processed through the juvenile courts relating to care and protection procedures and outcomes, and on foster care and other servicing models, to determine effective and beneficial, and cost-effective models. Outcomes should include what is truly "in the best interests of the child".

The members support the role of the guardian ad litem in appropriate cases, and recommends that, whenever possible and feasible, children and adolescents, foster parents, biological parents, and others, be involved in the choice of a guardian ad litem.

The members are considering the possibility of filing legislation to mandate that attorneys meet with children and youth prior to court appearances, and, is possible, to develop "orientation periods" designed to

allow the child/youth and his or her attorney to meet and be introduced to each other, and to allow the attorney to become familiar with the child/youth and his or her case particulars, needs, and other pertinent information. This would promote the best interests of the child by allowing the attorney to truly represent his or her needs.

Courts should adopt binding time standards for the handling of care and protection cases.

The members support the development and implementation of a family court system in the Commonwealth, with judges and court personnel specially trained in those cases that would come before the family court.

The members support increased coordination of services and resources to meet the needs of care and protection families and children, and foster families, in a timely manner, and designed to reduce the "rotation" of children through the courts.

The members encourage the implementation of specific measures to address and correct the concerns expressed on page 222, presented by Judge Marie Jackson at a foster care conference.

The members support an increased and enhanced role of foster parents in court procedures, service planning, needs assessments, and other relevant areas. Foster parents should be active participants in court procedures, especially those calling for the determination of the future status of the child. Foster parents should have ample opportunity to consult with and ask questions of, attorneys involved in court procedures.

The members heard that attorneys for children often sign service plans without knowing what the content and goals of the plan are. The members recommend that this practice cease immediately, and that under no conditions are attorneys to sign service plans without full discussions of the content and goals of the plan.

The members support the initiatives of the Mass. Assoc. of Professional Foster Care's Courts-Related Issues Committee.

The members received information from the CASA Project, Worcester - Court Appointed Special Advocates, which recruits, selects, and trains volunteers to become Advocates and act as guardian ad litem for children involved in the court system. The CASA submits reports to the courts, and remains with cases until resolution.

This program should be initiated statewide, and there should be enhanced efforts to provide outreach and education to recruit volunteers to become advocates.

The members support the development of a liaison role to interact between foster parents and others, such as courts, state agencies, and to act in a capacity of empowering foster parents, interpreting statute, regulations, and policies, and in other such capacities and functions.

A summary of court cases observed by the Chairperson and members of the Special Subcommittee in Boston Juvenile Court sessions is contained in an addendum with other cases presented to the Special Subcommittee, at the end of this report.

Section IV: CHILD PHYSICAL AND SEXUAL ABUSE AND NEGLECT

Introduction

The trend in increasing reports and substantiated cases of child physical and sexual abuse and neglect at the national level is reflected in increasing rates in Massachusetts. Where formerly cases of child abuse were, in part, due to such factors as neglect, lack of supervision, an alcoholic parent, or abusive conditions, child experts now state that drug use, abuse, trafficking and addiction have changed the face of child abuse in the 1980's and 1990's. In addition, children are now living in situations where uncontrollable violent behavior is always a real and potential threat. Increasingly, where there is family violence and overt neglect, there is also drug use and abuse. Children in foster care are coming from more severely dysfunctional families, often compounded by drug and/or alcohol dependent adults. These changes and increases are causing severe strain on child welfare systems. State agencies are having further serious difficulties protecting children at-risk due to budgetary cuts and underfunding.

The marked increase in drug use and family violence are resulting in higher numbers of physical and sexual abuse and neglect, in higher numbers of disturbed young children, and in higher numbers of children having to be removed from their homes and placed in substitute care. Research studies indicate that while the use of drugs contributes to child abuse, it is not the cause. Contributing factors range from a decrease in the earning power of young persons, rapidly changing demographics, the influx of new ethnic groups, and poverty, to the emergence of single parent families, increased external stress typified by widespread drug and alcohol abuse, and other factors.

Research studies indicate that the social consequences of child abuse are far-reaching, widespread, and long-term. The negative impact of child abuse often involves subsequent drug use and abuse by the victim, prostitution, teen pregnancy, juvenile offenses, mental illness, adult criminality, and frequently results in a child, teenager, or adult becoming further victimized and often a perpetrator in concurrent roles.

The results of intensive studies indicate that adolescents between the ages of 11 and 17 represent 35-45% of all documented cases of child abuse. Between 60-70% of school dropouts suffer from some form of family abuse. Nearly 75% of runaways are running from abusive conditions in their homes, including sexual abuse. Adolescent abuse is often

masked by other behaviors such as running away, suicide, school failure, drug abuse, teen pregnancy and juvenile delinquency - making recognition of the real underlying problems difficult and often undetected.

Nationwide studies indicate that child abuse cases are now more brutal and violent. Child welfare workers are being trained on how to identify signs of drug abuse in a home, and how to work with drug-related abuse. A survey of all 50 states was recently conducted on problems linked to child abuse. Of the 32 states that were able to provide information about problems, 22 cited substance abuse "as the dominant characteristic among their caseloads". The study, which was conducted by the National Committee for the Prevention of Child Abuse, also stated that "increased reports of child abuse and child fatalities have not resulted in increased revenues for child protection services." The study also revealed that substance abuse was involved in 30-40% of child abuse cases.

Many cases of abuse involve parental misuse of drugs, homeless teenage mothers, and battered women who need protection themselves. Along with the rise in cases of child sexual abuse, child pornography is now the third highest moneymaker for organized crime. Estimates of the number of children who die each year from abuse range from 2,000-5,000. Discrepancies in these numbers stem from the inaccuracies in the determination of the cause of death. Many deaths of children from abuse are often attributed to accidents, illness, and causes other than the actual cause of maltreatment.

In a recent educational survey conducted by the American Federation of Teachers, teachers stated that drugs and guns are at the root of escalating violence in schools. Of the 100 teachers surveyed, 82% said teen violence is getting worse, 83% said that drug trafficking was responsible for the increase in school violence, 65% cited access to guns as a serious problem, and 63% cited lack of parental supervision as a major problem.

Surveys conducted with juvenile judges indicate that 70% of the offenders they see in court, or sentence, have been abused or neglected at home. Many become adult criminals and perpetuate the cycle of abuse by themselves becoming perpetrators of abuse. According to a recent survey, "there is a strong need for intervention and expanded foster care for the victims of abuse."

Studies indicate that 90% of abusive incidents take place in the child's own home, and between 2% and 2.5% occur in

public places or the home of an unrelated perpetrator, such as a neighbor.

Child advocacy officials state that because of limited funding, hospitals that treat sexually or physically abused children can admit only a fraction of those who require their services. Hundreds of abused children are not receiving needed psychiatric counseling. In a recent survey of 20 local hospitals in Massachusetts with programs to treat abused children, all 20 hospitals had waiting lists for admission into treatment. The hospitals surveyed in the study included Mass. General, Boston City, Cambridge City, Children's, and New England Medical Center.

Other studies reveal a severe increase in drug-addicted babies, and babies being born with, or at-risk for AIDS, due to intravenous drug use by their mothers during pregnancy. There has recently been well-publicized cases, nationwide and in Massachusetts, illustrating this problem area. Studies also indicate an increase in the neglect of children whose families are ill due to AIDS. Many of these cases cannot be construed as abuse and/or neglect cases, but the needs and issues of these children must be discussed in this report, as many of them become foster children.

In 1989, DSS received 622 reports of child neglect because the child was born with cocaine in the bloodstream, or because the mother was using drugs during the first week of the child's life. In 1990, this number increased to 808 reports of this type of child neglect.

According to DSS, "drugs and alcohol are the leading causes of family disruption and dysfunction, child abuse and violence in 55% of cases investigated." Many of these children enter foster care either on a temporary basis, or in a permanent placement. According to the Mass. Society for the Prevention of Cruelty to Children, "85% of these cases referred to them by DSS involve substance abuse". The Department conducted a recent survey and study* of 110 cases investigated by agency caseworkers during a two week period. Results state that more than two-thirds of the cases involved parental drug abuse. In many families, the need to buy drugs is more powerful to parents than the supervision of their children, and attention to their most basic care.

The Department conducted a second study in January of 1990, which states, "substance abuse is one of the most devastating and pervasive problems of society. Drug abuse is no longer a problem of individuals but rather a problem with devastating impact on infants, children and families. Families with chronic users have multiple legal, social, and medical problems."**

* "Substance Abuse and Family Violence" Part 1, Identification of Drug and Alcohol Usage During Child Abuse Investigations in Boston" Dept. of Social Services, June, 1989.

** "Ibid, Part 2, Massachusetts, Dept. of Social Services, January, 1990.

The studies indicate that polydrug use is frequent. In the first DSS study, 69 cases involved substance abuse: cocaine use was identified in 65% of the cases, alcohol in 48%, heroin in 9%, and other drugs in 41%. In the second study by DSS, of 178 child abuse and neglect cases examined, social workers identified the presence of illicit drug or excessive alcohol use in 105 or 59%. The drug most frequently identified in the second study where substance abuse was identified, alcohol was present in 70% of the cases, cocaine in 31%, heroin in 10%, and other drugs in 46%.

According to the Department, the increase in drug use, particularly cocaine, is occurring in communities statewide. There is an accompanying increase in violence directed at social workers in homes where drugs are used. The Department states that it must now work with substance abuse issues in conjunction with protective issues, and has planned a statewide study in these areas. The Department is asking for an increased availability of treatment programs for drug users, especially for pregnant women.

Social workers are reporting more severe injuries to young children - linked to the rise in violence due to drug and alcohol abuse.

In the DSS study, 38% of the cases involved abuse and neglect of children under the age of one year: 89% of these cases occurred in families where one or more members were substance abusers; about 68% of the cases involved newborns with congenital drug addiction, a majority of them associated with cocaine. The study links chronic neglect of young children - no food, milk, diapers, living in dirty homes, lack of supervision and medical attention - to use of cocaine by one or more of the parents. The study stated that 23 of supported investigations of child maltreatment originated as hospital reports of drugs in newborns, and 20 of these involved cocaine. Eight of the babies were born prematurely or had low birthweight, and five had other medical problems.

Dr. Robert Reese, Director of the Family Development Center at Boston City Hospital, recently stated, "problems involving child abuse and drugs are more serious, and some of the handicaps that develop in children are horrendous."

At a hearing conducted by the Special Subcommittee on Foster Care, a spokesperson from the Department of Mental Health stated that they are seeing more disturbed children, younger children with serious mental health problems, high levels of deprivation, and significant family breakdown. There are increasing numbers of children who must be hospitalized for psychiatric care in residential facilities. The

Department is seeing a significant number of physical and sexual abuse cases - more than 60%.

The Commissioner of the Department of Youth Services stated that youths are playing key roles in the drug trade. The number of youths held on bail in detention facilities in western Massachusetts is rising. The number of youths held on bail has risen 35% since 1985, and 19% in the last year alone. Many youth work for drug rings that operate from motels, city streets, and other such areas. Youths are used by older dealers because penalties are usually lighter for youths. Even when the youth are committed to DYS facilities, this only lasts until the youth turns eighteen. Many youths who get involved in drugs are poor, undereducated, and attracted to "easy money".

Between 1983 and 1985, the juvenile sex offender population increased by approximately 80% in Massachusetts. Juvenile sex offenders often become adult pedophiles. According to the Mass. Adolescent Sexual Offenders Coalition, there are currently over 600 juvenile sex offenders in the state system, many of them in the care of DYS. Concerns about this population, and the impact of juvenile sex offenders on the foster care system, are discussed on page 23 of this report, and in other sections of the report.

The Commissioner of DYS, at a public hearing of the Special Subcommittee, stated that they are seeing more violent youths in secure detention, and that 50% of these youths have been abused. A survey conducted by DYS stated that of 188 youths, one-half were acting out the abuse they had suffered.

In order to present a comprehensive review of the foster care system, and the child abuse investigation system, it is necessary to discuss the children who are the victims of abuse and neglect - who they are, how many of them are abused, recent trends and changes in statistical figures, demographic issues, types of abuse, who the perpetrators are, where abuse takes place, and a breakdown by numbers of children reported to be abused to DSS, screened and investigated by the Department, and removed from their homes and placed in foster care. Definitional issues relating to child abuse and neglect, and the impact of definitional perspectives of mandated reporters on statistical data are also discussed.

While not all children in foster care have been the victims of abuse and neglect, or abusive conditions in their homes, many of them are or have been victims of child

maltreatment, and their numbers and the types of abuse they are experiencing are increasing by volume, complexity, and levels of violence and severity.

Statistical information on children in Massachusetts who are abused and/or neglected, or living in abusive conditions, are presented in the context of national data, in order to compare figures, trends, similarities and variations, and to evaluate the changing complexion and nature of child abuse and neglect.

DEFINITIONAL ISSUES AND NATIONAL STATISTICS

While definitional issues relating to child maltreatment are a main focus of Section V, they must be also discussed in this section concerning the manner in which definitional perspectives of professionals impact on determinations of what constitutes abuse and neglect, and what therefore is reported as abuse and neglect, and consequently, the tallying of how many children are abused and neglected. These perspectives also frequently determine how child maltreatment cases are investigated, treated, serviced, and whether or not they proceed through the criminal justice, or judicial, systems.

Research on definitional issues ranging from statutory definitions to legal, medical, and social services definitions has until recently been conducted on a limited basis. Recent studies indicate an attempt on the part of professionals, researchers and others to delineate problem areas in current definitions, and to present alternative responses to solving the problem areas being identified. Currently, problems in determining the incidence and prevalence of child maltreatment stems, in part, from a lack of consensus on the definitions of child abuse and neglect. "Estimates range from 200,000 to 4 million cases annually. It is difficult to accurately assess the figures, due to methods of counting, data analysis, definitions of abuse, and sampling methods. It is difficult to identify and label cases of child abuse."*

The study previously referred to states, "the failure to count is due to breakdowns of one or more of three processes:

1. the failure to detect injury caused by abuse
2. the failure to recognize abuse as the cause of the injury
3. the failure to report to the appropriate agency when abuse is recognized."

The same study indicates that there is wide variation in the perceptions of what constitutes abuse, and therefore what is reported as abuse, among medical, legal, psychiatric, educators and school personnel, and child welfare professionals. There is often bias in reporting in that "the social class of a family and the degree of familiarity to health professionals may play a part in whether or not the incident is reported. There is reluctance to report middle and upper income families."

* Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. Ed. by D. Cicchetti and V. Carlson. Cambridge Univ. Press, N.Y., 1989.

Studies have been conducted on the preceptions of physicians and social workers as they relate to what factors constitute abuse and neglect, and what factors influence the reporting of certain conditions as being abusive to children. In one study with pediatricians (Turbett and O'Toole, 1980), three factors were crucial to whether or not abuse was reported: the socioeconomic status of the caretaker, the ethnicity of the caretaker, and the severity of injury to the child. These factors had an interactive effect on the pediatricians' recognition of child abuse. "These findings indicate that physicians, like social workers, are apt to be influenced by factors extraneous to the maltreatment itself in making a diagnosis and in reporting situations so diagnosed."*

Frequently, medical personnel are reluctant to report abuse and consider abuse as a diagnosis rather than an episode reportable to authorities concerned with child welfare needs.

In the study referred to above, "some define abuse within the range of standards of the optimal development of the child and lower threshold of endangerment". In the same study, research was conducted on reporting cases of abuse and neglect, and the ensuing process of investigation to determine substantiation or lack of substantiation that abuse to the child had occurred. The study found that the major sources of professional reports came from educators, law enforcement personnel, and medical sources - 36% of reports. However, the substantiation rate, while higher for this group than for private individuals as reporters, was only 53%. Private individuals accounted for nearly one-half of the reports to child protection services agencies, but only about one-third of these reports were substantiated.

The variations in substantiation rates among reporters can in part be taken as an indicator of the differences between key actors in the definitional process. The reasons given for lack of substantiation can reflect differences in perception about the definitions of maltreatment and about the functions of child protection services.**

There are those who believe that cultural support for the use of force against children is the crucial factor in the problem of child abuse.

* Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. Ed. by D. Cicchetti and V. Carlson. Cambridge Univ. Press, N.Y., 1989.

** Ibid.

Some researchers define abuse as "a socially mediated conclusion drawn about family life, and it must be based on a mixture of community standards and professional knowledge." * The same researchers define child maltreatment as "acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging." Researchers studying the incidence and prevalence of child maltreatment state, "inappropriate parental behavior may produce physical, emotional, or sexual damage. Although we cannot always accurately predict what effects maltreatment will produce, victims most often suffer multiple damage, and individual susceptibilities to harm differ."

When a troubled family is observed over a long period of time, there is much overlapping of various types of abuse - such that the types are often indistinguishable one from the other, and with several types of abuse existing in one child or family. This overlapping is "one reason why abuse and neglect are often linked under the broader term 'maltreatment'."

The researchers cited above collectively propose that, "whether the terms 'abuse and neglect' or 'maltreatment' are used, the central policy issue is to devise ways to protect the child or teenager from damage and exploitation by setting and enforcing high standards of care for children and youth."

Though there is much controversy over definitional issues relating to child abuse and neglect, and over what conditions, both overt and covert, constitute the identification of, and reporting of, abuse and neglect, there are concentrated attempts on the part of nationwide societies and groups concerned with child abuse, to determine figures on how many children in the country are abused and neglected each year.

The National Committee for the Prevention of Child Abuse estimates that over one million children each year are seriously abused; between 2,000 and 5,000 abuse-related deaths occur each year. Reports of child fatalities resulting from abuse are steadily increasing - 36% from 1985 to 1988.

The American Association for the Protection of Children states that there are 1,727,000 reports of suspected child maltreatment cases each year. Approximately 42% of these cases are substantiated by child protection agencies as actual cases of child maltreatment.

Other estimates are that reports of child abuse and neglect range upwards to 2.2 million, involving 1.4 million families.

* Family Violence, Ed. by L. Ohlin and M. Tonry, Natl. Inst. Justice, Univ. of Chicago Press, Chicago, 1989.

The National Center on Child Abuse in Washington, D.C., reports a 21.7% increase in reported incidences of child abuse and neglect in the U.S. in 1989; a 9.7% increase in 1988; and a 1.2% increase in 1987. In 1987, estimates* were that 2.3 M cases of child maltreatment were reported to child protection agencies, and that there were an equal number of cases that remain unreported. One-fourth involve physical assault, one-fifth involve sexual abuse, and the remaining cases were for neglect or emotional maltreatment offenses.

In a National Study of the Incidence and Severity of Child Abuse and Neglect, (US Dept. of HHS), estimates of the rate of reports of child abuse and neglect were 17.8 children per 1,000 per year. Estimates of the rate of substantiated cases were 42.7. Therefore, the rate of substantiated cases of child abuse each year is estimated at 7.6 per 1,000.

Other incidence studies indicate a range of 10.5 cases per 1,000 each year, to between 1 million and 6 million cases of children being victims of child abuse and neglect.

Child Fatalities

Between 1985 and 1986, deaths to children from abuse increased by 23%. Reports of child fatalities, or abuse-related deaths increased by 36% from 1985 to 1988.

According to the Children's Defense Fund in Washington, D.C., in 1987, nearly 2,000 children died from abuse and neglect, resulting in an average of 3 child-related deaths every day. "Compounding the tragedy is that as many as half of these child victims were known to local child protection agencies before they died."

Family Violence

According to the findings of a study in the American Psychologist (February, 1989), nearly 20% of all murders are committed between family members, and almost one-third of all female homicide victims are killed by their husbands or boyfriends.

There are increasing research studies being conducted on child abuse and neglect in the context of family violence, and on the effects on children of violence among family members, both when the child is a victim, and when the child is an observer of the violence. In practice, neglect and abuse often are found in the same family: some estimates indicate they occur together 50% of the time over the life of the child.**

* Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. Ed. by D. Cicchetti and V. Carlson, Cambridge Univ. Press. 1989.

** Family Violence, Ed. by L. Ohlin and M. Tonry. Natl. Inst. of Justice, Univ. of Chicago Press. Chicago. 1989.

Information received from DOVE - a Massachusetts family shelter - states that:

- 68% of children who try to intervene in domestic violence situations are hurt
- 80% of juveniles convicted of murder, murdered their mothers' abusers
- child abuse is 130% higher in families where there is spouse abuse
- one-half of all battered women seeking shelter report their children were also abused, neglected, or both

The study by DSS, "Substance Abuse and Family Violence", Part 2, January, 1990, states, "in 30% of the cases in the total sample, current or past physical violence against the mother was identified."

There is conflicting research about the transmission of violent behaviors, or abuse-victim, victim-abuse behaviors from one generation to another. Some studies indicate that there is a definitive cause-effect pattern in intergenerational violence among family members. Some research provides statistical data that supports the premise that if a person is a victim of violence as a child, or grows up in a violent family situation, he or she will become violent, or will have violent or abusive tendencies as they grow into adulthood. However, recent research in the American Psychologist (Feb., 1989, Emery), states, "although existing research on intergenerational transmission can be questioned on several methodological grounds, it is likely that some intergenerational association exists nevertheless. The majority of those who experience abuse in their families of origin are not abusive in their families of procreation."

Findings from a national survey indicate that, even though childhood experience was significantly related to adult abuse, 94% of the respondents who recalled witnessing their parents being involved in abuse, reported that they did not use violence or abuse against their spouses.

Child Sexual Abuse

Nationally, between 1976 and 1983, there was a 909% increase in the estimated numbers of children reported as sexually abused - from 7,559 in 1976 to 71,961 in 1983. During the same period, the numbers of children involved in reports of all types of abuse and neglect increased by 121%. Since 1976, substantiated reports of child sexual abuse have increased by 650%.

Studies consistently indicate the following facts about child sexual abuse:*

- at least 1 in 4 girls and 1 in 7 boys are sexually abused by the time they are 18
- the average age when incest begins is 9 years
- the most vulnerable age group for children to be sexually abused is between 5 and 12 years of age
- child sexual abuse is the most underreported form of child abuse
- incest affects 1 in every 20 families; some reports state that it is closer to 1 in every 10 families

According to the American Humane Association, substantiated cases of sexual abuse have increased about 20 times between 1976 and 1985, from 6,000 to 113,000.

Recent statistical data on child sexual abuse indicates that the gender of child-victims is changing. Ten years ago, child sexual abuse cases consisted of approximately 97% female victims, and 3% male victims. Currently, agencies are reporting 80% female victims, and 20% male victims. In other studies, prevalence rates of sexual abuse have been estimated as high as 62% for girls, and 31% for boys.

Retrospective studies frequently yield findings that are helpful in both the incidence and prevalence of child sexual abuse, and in determining how many cases are reported.

In one study of 1800 college students, one-third of the respondents of both sexes reported that they had been subjected to some form of sexual abuse as children. Only one-half of the females who had an experience reported it to their parents, and only one-tenth of the males did so.

In a San Francisco study, a random sample of 930 women indicated that 38% had been victims of sexual abuse by the age of 17 years.

A survey of 521 Boston parents found that 6% of males and 15% females had had an experience of sexual abuse before the age of 16 years by a person at least five years older than themselves.

* Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect, Cambridge Univ. Press, N.Y., 1989.

MASSACHUSETTS STATISTICS

The members of the Special Subcommittee requested extensive statistical and informational data from the Department of Social Services. The data was requested at discussion meetings, public hearings, and in writing. The Department complied with the requests and responded by providing the members with detailed information through written testimony at the hearings, and through written responses to requests for the data. The information requested and provided was broken down into sections relating to the various categorical aspects of child abuse statistical information.

Annual Figures of Abused and Neglected Children

In 1990, there were 82,831 reported cases of physical and sexual abuse and neglect - a 17% increase over 1989. These report increases represent the third consecutive year that abuse has increased significantly, including an 18% increase in 1988 and a 15% increase in 1989. The increases are linked to rising drug use in families, and by household members, and are highest in urban areas. In 1989, there were 45,717 reports of child maltreatment on 70,713 children, and in 1988, there were 40,343 reports on 61,506 children. In 1989, there were 22,532 children with substantiated or supported investigations of maltreatment - a 19% increase over 1988. The Department of Social Services projects that if trends continue, there will be nearly 100,000 reports of child maltreatment by 1991. The following chart from DSS states the number of children reported abused and/or neglected, for the period 1983 projected to 1991.

Number of Children Reported
Abused and/or Neglected

1983	36,258
1984	46,393
1985	49,320
1986	51,759
1987	52,391
1988	61,506
1989	70,713
1990	83,100
(projected)	
1991	97,600
(projected)	

The following data indicates the number of child maltreatment cases reported and supported by DSS for a five year period, and the percent of supported cases to reported cases:

<u>Year</u>	<u>Reports</u>	<u>Supported Cases</u>	<u>Percents</u>
1990	82,831	27,500 (estim.)	33% (est.)
1989	70,713	22,532	32%
1988	61,506	18,957	31%
1987	52,391	17,356	33%
1986	51,759	18,295	35%

The Department of Social Services receives an average of 3,400 reports of child abuse a month - a 30% increase in 1989. DSS proceeds with investigations on about 1,700 cases a month, after reports are screened in by social workers..

According to DSS, the escalation in reported cases has been the most severe in the months of May and June in 1989. In June, there were 6,554 reports of abuse, an increase of 35% over June of 1988.

The following figures represent reports of child abuse, by type of maltreatment, for the years 1987-1990.

<u>Type</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Physical Abuse	16,328	16,805	18,873	21,461
Sexual Abuse	6,024	6,192	7,164	7,605
Neglect	27,663	29,179	38,010	46,766
All Maltreatment*	51,813	57,484	64,047	75,832

The greatest increase in types of maltreatment occurred in cases of neglect, which increased 60% between 1988 and 1990. DSS attributes this increase to the rising problem of substance abuse in families, and to cocaine-related neglect. In 1989, the Department received 622 reports of child neglect because a child was born with cocaine in the bloodstream, or the mother was using drugs during the child's first week of life. In 1990, this number increased to 808. In 1989, the Department received 9,333 reports of emotional maltreatment; in 1990, this increased to 12,511. The Department is also seeing increases in the numbers of children in one family reported as abused and/or neglected - from 1 or 2 children to 3-5 children.

* According to DSS, all children reported for maltreatment does not equal the summation of children reported for physical abuse, sexual abuse and neglect. This occurs because children subjected to more than one type of maltreatment are counted in each maltreatment category.

Screening of Reports

Of the 40,343 reports on 61,506 children in 1988, DSS screened in 65% for investigation.

The breakdown of children reported as abused and neglected by those numbers screened in and screened out, in 1987 and 1988, is as follows:

	<u>FY86</u>	<u>FY87</u>	<u>FY88</u>
Screened In	37,266	36,409	37,530
Screened Out	14,493	15,404	19,954
TOTAL	51,759	51,813	57,484

It must be noted that counts of reports of abuse and neglected stated by DSS do not reflect actual numbers of children who are reported as abused and neglected. For example, the number of reports made to DSS each year may exceed the actual number of children reported as maltreated in that year. According to the Department, "all children reported for maltreatment does not equal the summation of children reported for physical, sexual abuse and neglect. This occurs because children subjected to more than one type of maltreatment are counted in each maltreatment category." Some abuse/neglect statistics represent counts of children rather than the number of reports. For example, a report involving three children is counted as three children reported rather than one report.

In the information provided to the Special Subcommittee, DSS states, "the abuse/neglect statistics represent counts of children rather than the number of investigations or substantiations. For example, an investigation involving three siblings which resulted in a substantiation of abuse for two of the children is counted as three children investigated, two children with substantiated reports, and one child with an unsubstantiated report." In addition, a child may have been reported and investigated more than once in any annual reporting statistics.

There are several steps in the DSS investigative process concerning reports of child abuse and neglect. These steps are discussed in detail in Section V. For statistical purposes, a brief discussion will also be presented in this section. After a report is received by DSS, the initial stage in the investigative procedure involves screening in and screening out initial reports. The conditions that determine this step in the process are also discussed in Section V.

The percentage of reports screened in to the Department of Social Services as valid reports, and screened out as invalid reports, for FY85-FY88, are as follows:

Year	%Screened In	%Screened Out
1985	76%	24%
1986	72%	28%
1987	70%	30%
1988	65%	35%

Investigated and Supported Reports

After reports of child abuse and neglect are screened in or out, they are further investigated, and then fall into two categories: substantiated, or using the current term, supported, and unsubstantiated, or unsupported. To support a report means that enough evidence during investigation has been obtained to warrant a case being determined as a valid case of child physical, sexual abuse or neglect.

Before proceeding to a review of statistical data in this area, it is important to note a statement by DSS regarding substantiation counts.

While substantiation counts for other forms of maltreatment have been leveling off, counts of children with substantiations of congenital drug addiction have been steadily increasing. This increase in substantiations may be just a reflection of the increased reporting -- from 1986 to 1987, a 61% increase in the number of children reported for congenital drug addiction -- rather than an increase in the number of congenitally drug-addicted children.

In addition, the Department states, "the number of children with substantiations of "failure to thrive" has decreased by half. The significance of this annual change is unclear due to the low reporting rates (also true for congenital drug addiction) and the possibility of "failure to thrive" being misidentified as neglect."

The following chart states the number of substantiated, or supported, cases of child abuse and neglect, for the five year period of 1983 to 1987. Figures for 1988 are presented

with comparisons for 1989. Figures are broken down by numbers reported, screened in and supported, and by percentages. The percentages are stated in terms of numbers supported of the numbers screened in for investigations.

Year	#Reported	#Screened In	Supported	%
1984	41,116	34,326	17,030	50%
1985	49,465	35,971	18,111	50%
1986	49,799	37,266	18,295	49%
1987	52,391	36,409	17,356	48%
1988	61,506	39,978	21,188	53%

Between January and June of 1988, over 53% of screened in cases of abuse were supported. During this six month period, 37,766 cases of child maltreatment were reported to the Department. DSS stated that there is a substantial increase in the numbers of abuse cases supported by DSS. The supported cases in 1988 represent an increase of 1600 cases over 1987 figures, or a 9% increase.

In June of 1989, there was an alarming increase in the number of supported cases of child abuse and neglect. There was evidence of abuse in 2,290 cases in June, compared with evidence in 1,702 cases in June of 1988.

The Department provided the following comparison in the numbers of cases reported and supported for the first three months each of 1988 and 1989.

	#Reports		#Supported Cases	
	1988	1989	1988	1989
January	4370	5263	1331	1416
February	4651	4900	1474	1610
March	5433	6078	1748	1889

When national and state substantiation rates are compared, Massachusetts percentages are higher than national percentages. The average national substantiation rate for child abuse and neglect cases is 42.7%. Massachusetts rates for the past three years, 1986, 1987, and 1988, for supported, or substantiated cases, are 49%, 48%, and 53% respectively. The average rate for these three years is 50%. Massachusetts therefore has a rate that is 7.3% higher than the national rate.

The Department provided the following information on reports and investigations for each month for the period of time from September, 1988 through August, 1989.

<u>Reports</u>	<u>Investigations Completed</u>
3257	1751
3354	1872
3372	1868
3271	1935
3562	1741
3264	1864
4120	2179
3676	2015
4440	2335
4208	2450
3509	1969
3940	2156

The twelve month average from September, 1988 through August, 1989, of screened-in reports was 65.7%; for supported reports it was 51.7%.

Reports of Abuse and Neglect on Children in Foster Care

The Special Subcommittee on Foster Care requested, and received, the following information on children who are maltreated while living in foster care.

	FY87	FY88
Screened in Reports	349	373
Supported Reports	83	34

These figures yield percentages of 24% of cases of screened in cases of child abuse and neglect of children in foster care were supported in 1987; 9% of these cases were supported in FY88. These figures represent a sharp decrease in percentages of cases supported by DSS on children in foster care as compared with those cases supported on children not living in foster care. The discrepancies between percentages of supported cases on foster care children and non-foster care children is an area of concern for the members of the Special Subcommittee.

Disparities in these figures may be attributed to several factors - varying degrees of determinations on what constitutes abuse by those reporting, specialized conditions and needs, definitional variations, and other determining factors on the part of social workers receiving these reports, variations in standards or "thresholds" in investigations procedures used by the Department, or other variables influencing the figures and counts of abuse and neglect of children in foster care as compared to children not living in foster care. The Special Subcommittee is studying all factors in this area to further assess the reasons for the variations.

Reports of Child Maltreatment to the District Attorneys

The Special Subcommittee requested information in this section from the Department of Social Services, and from the Offices of District Attorneys across the state. DSS was able to provide some information in this area. Information requested from the District Attorneys included the total numbers of cases reported by DSS to the District Attorneys for 1987, 1988, and 1989, the number of cases reported by type of child maltreatment, the number of cases that go to trial, the number of convictions of those persons perpetrating abuse and neglect of children, and the numbers of cases of children reported to the District Attorney who are abused/neglected while living in foster care. Several offices of the District Attorneys provided the Special Subcommittee with extensive information, and met several times with members of the Subcommittee. Some of the information was gleaned from reports and other sources from District Attorneys across the state.

In the first year - 1984 - of the implementation of the statute requiring certain types of supported child maltreatment cases to be reported to District Attorneys, over 800 cases were reported. Since 1984, there has been an increase of 500% in reports made to District Attorneys from DSS.

In 1987, of all cases reported to DSS, the Department substantiated abuse in 17,356 cases, and referred 1,920 of these cases to the District Attorneys statewide. Approximately 2,000 cases were reported to the District Attorneys in 1989. The following is a breakdown of cases received by 6 District Attorneys, for the years 1987-1989:

	1987	1988	1989
Total Child Abuse/Neglect Cases	1161	910	1904
Physical Abuse	7	17	54
Death	5	14	5
Neglect	0	5	2
Sexual Abuse	163	156	702
Physical and Sexual	0	0	5

(District Attorneys providing information: Essex Cty., Middlesex Cty., Worcester-Middle Cty., Hampden Cty., Norfolk Cty., Bristol Cty., Plymouth Cty.)

It must be noted that the District Attorneys receive reports of child maltreatment from sources other than DSS, such as the police.

Other sources of reports to the District Attorneys are families, hospitals, and schools. Some cases are directly referred to the D.A.'s, as they do not fall into the DSS category of a caretaker mandate.

Information received from District Attorneys breaks down as follows, by each county represented by a District Attorney.

ESSEX COUNTY, KEVIN BURKE, DISTRICT ATTORNEY

	1986 (1/2 yr.)	1987	1988	1989
Total Cases of Child Maltreatment	139	219	276	303
Type of Maltreatment:				
Physical Abuse	1	5	10	22
Death	1	2	6	
Neglect			5	6
Foster Care*	2	6	3	4

* Represents incomplete figures, as these are often not kept separate for foster children; numbers represent abuse in foster care by a member of the foster family.

BRISTOL COUNTY, ANTHONY PINA, DISTRICT ATTORNEY

These figures represent the total number of child maltreatment cases referred to this Office:

	1987	1988	1989
	338	325	460

NORFOLK COUNTY, WILLIAM DELAHUNT, DISTRICT ATTORNEY

	1987	1988
Total Cases of Child Maltreatment	165	162
Type of Maltreatment:		
Physical Abuse	2	7
Death/Neglect	0	1
Sexual Abuse	163	156
Foster Children	0	1

MIDDLE DISTRICT, WORCESTER COUNTY, JOHN CONTE, DISTRICT ATTY.

This Office provided extensive, detailed information to the Special Subcommittee, relating to age of child victims by percentages, perpetrators relationship to child, and by gender of the child victim. In 1989, this Office received 459 cases of child maltreatment, on 586 children. These cases involved 436 perpetrators, with 418 referrals to police departments. Of the total cases, 94% were for sexual abuse of a child, and 6% were for physical abuse.

SPRINGFIELD, MATTHEW RYAN, DISTRICT ATTORNEY

	1986	1987	1988	1989
Total Cases of Child Maltreatment	440	439	406	398
Total Deaths	3	3	7	3

MIDDLESEX COUNTY, SCOTT HARSHBARGER, DISTRICT ATTORNEY

Figures provided are for the period of time for July, 1989 to December, 1989. Total number of cases received by the Office for this time period was 284. The following information states the breakdown by types of abuse.

Physical abuse	13
Deaths	2
Neglect	2
Sexual Abuse	262
Sexual and Physical Abuse	5

Analysis of the information received by the Special Subcommittee from the District Attorneys indicates that the majority of the cases received by the District Attorneys from the Department of Social Services involves children who have been sexually abused. This analysis was confirmed by the Offices of the District Attorneys, who stated that between 90% to 94% of the cases received are for sexual abuse and sexual assault. This is an area of concern, as the majority of the cases referred, or reported to DSS, are for physical abuse, yet less than 10% statewide of these cases are referred to District Attorneys.

Of those cases mandated by Chapter 119, section 51B(4) (e), to be reported by DSS to District Attorneys, a conflict arises over the wording of one reportable condition, which states that abuse of the child must be inflicted by a "pattern of repetitive abuse by a family member". The members of the Special Subcommittee have worked with the District

Attorneys to amend Chapter 119, section 51(B)(4)(e), by further defining specific standards of physical abuse that DSS would be mandated to report to District Attorneys. The standards specify serious or severe physical abuse. This bill is further discussed in Section V. Since a wide range of abusive conditions in children are mandated by statute to be reported to the District Attorneys by DSS, there are discrepancies in the numbers reported by DSS, and the numbers of children substantiated by DSS as having actually been abused. While not all supported cases of abuse are mandated by DSS to report to District Attorneys, many of them are.

The members are concerned about the discrepancies in these figures, and that possibly more cases of abuse should be reported to the District Attorneys that are currently not being reported by the Department of Social Services.

Between 90%-94% of referrals to the District Attorneys involves sexual abuse or exploitation, one-third of them involving pre-school children. This may be particularly attributed to the addition of the statutory mandate for DSS to report all sex offenses against children to the District Attorneys. This section was added by an amendment to Ch. 119 of the Mass. General Laws in 1986.

According to information received from DSS on the numbers of cases referred to District Attorneys statewide, 1,920 cases were referred in 1987, and 1,968 cases were reported in 1988. By type of abuse, the numbers are as follows:

Category	1987	1988
Sexual Assault	1843	1878
Sexual Exploitation	4	1
Death	12	31
Brain Damage	17	15
Serious Injury/ Repetitive	14	43
TOTALS	1920	1968

Approximately one-half of the DSS referrals to the D.A.'s are prosecuted. For those cases that do progress to court, the prosecution rate is high. A problem area is that many cases do not get to court. This area is further discussed in Section V.

The information received from the 6 District Attorneys who responded to questions from the Special Subcommittee indicates the total numbers of convictions for the years 1987-1989.

1987	1988	1989
217	162	161

This information may be interpreted that, in the 6 Offices of the District Attorneys combined, of the total cases of child maltreatment reported to the D.A.'s, 19% were convictions in 1987, 18% were convictions in 1988, and 8% were convictions in 1989. It is unclear what happens to cases that are not processed for prosecution, whether they are referred for services, or kept in the Central Registry, or dismissed altogether. This information may also be interpreted that, of approximately 2,000 cases referred to District Attorneys by DSS each year, the average conviction rate for these cases is 15%.

In 1987, the Boston globe conducted a study on child abuse cases that progress through the criminal justice system. Findings from the Globe Spotlight Series indicated that one in four child abuse cases are prosecuted within a year, and that more than one-third of child maltreatment cases filed in 1986 were still pending in July of 1987.

One out of three child abuse offenders who are convicted, get probation; one out of three offenders receive court-ordered treatment. One-half of judges give no jail time to convicted child rapists.

One-half of offenders receive prison terms. Offenders who are convicted of child rape receive median prison terms of two years. The findings indicate that 69% of the sentences given to child abusers result from defendants changing their pleas to guilty following plea-bargaining.

The chart presented below gives a statistical breakdown of percentages of the child abuse/neglect cases as they are processed through the Department of Social Services screening and supporting/non-supporting stages of the investigation system, and as they are processed through the judicial system. The chart begins with the numbers of children reported as abused and neglected, on an average each year, and ends with an average number and percentage of cases that actually go to trial for prosecution and finally, the percentages of convictions obtained. Figures stated are average approximations of cases at each stage.

Average Number of Children Reported to DSS:	75,000
Average Number of Cases Screened In:	38,500
Average Number of Cases Supported:	24,000
Average Number of Cases Reported to the District Attorneys:	2,000
Average Number of Cases Prosecuted:	800
Average Number of Cases Convicted:	200

These figures, when broken down by percentages, on the average, give these results:

Percent of children reported that are screened in:	51%
Percent of screened in cases that are supported:	60%
Percent of children reported that are supported cases:	32%
Percent of supported cases sent to D.A.'s	9%
Percent of cases sent to D.A.'s that are convictions	10%

Types of Child Abuse and Neglect

National statistics indicate that one-fourth of child abuse cases involve physical assault on children, one-fifth involve sexual abuse, and the remainder are neglect cases.

According to figures from DSS, in FY85, 52% of child abuse cases involved neglect, 34% physical abuse, and 14% sexual abuse. In 1985, 9,517 children were substantiated as neglected, 6,509 as physically abused, and 3,532 as sexually abused. In 1986, neglect was again the leading form of maltreatment for screened in cases: 21,321 neglect cases, 13,965 physical abuse cases, and 5,245 sexual abuse cases. In FY86 there were 3,148 substantiated reports of child sexual abuse, which represents a 26% increase from FY84 figures. In 1987, neglect was still the leading form of maltreatment for substantiated cases: 10,438 neglect cases, 6,279 physical abuse cases, and 2,554 sexual abuse cases. Figures vary from region to region across the state.

While neglect remains the leading form of child maltreatment, there were increases in sexual abuse and in physical abuse between 1987 and 1988. Neglect cases increased 60% between 1988 and 1990, when the numbers of neglect cases increased to 46,766. DSS attributes this increase to rising problems of drug abuse by parents and in families.

Child Fatalities

There was a 22% increase in all child deaths known to DSS from 1988 to 1989 - 68 in 1988: 83 in 1989. The increase in infant deaths went from 24 in 1988 to 43 in 1989. Of the 43 infant deaths in 1989 - 58% higher than in 1988 - 22 were preceded by drug and/or alcohol use during pregnancy. At least 4 others were probably preceded by substance abuse. 17 of the 22 deaths involved cocaine. Three deaths were from physical abuse or neglect. The average age at the time of death was 84 days. Projections are that these deaths will continue to increase through 1991 and beyond.

Perpetrators of Child Abuse and Neglect and Their Relationship to Child Victims.

National studies indicate that of all screened-in reports of child abuse and neglect, 88% of sexual abuse cases, 99% of neglect cases, and 97% of physical abuse cases, identified an alleged perpetrator.

In 44% of cases studied, another adult- the mother's male friend, her mother, or a friend, was present at the time of the abuse.

Recent studies by the Department of Social Services on substance abuse, family violence, and child abuse, indicates varying types of maltreatment and how they relate to certain child-adult family and other relationships.*

In a national survey, 10.7% of parents surveyed admitted to having perpetrated a "severe violent act" against their child. (Strauss and Gelles, 1986).

Consistent studies indicate that 8%-10% of sexual abuse cases involve strangers as offenders. Over 47% involve family members as offenders, and 40% involve offenders who are acquaintances of the children. Implications from these studies are overwhelmingly in support of the premise that perpetrators of child abuse and neglect are frequently persons in positions of trust and authority with the child. In 75% of sex offenses committed against children, the offender is known and trusted by the child.

According to DSS, the most frequent alleged perpetrators, by type of maltreatment are: fathers (sexual abuse), mothers (neglect), and both mothers and fathers (physical abuse).

The Department of Social Services conducted a study of perpetrators in child sexual abuse cases in 1984. Results of the study indicate that 63% of all perpetrators of substantiated sexual abuse cases were family members. Fathers were perpetrators in 25% of these cases.

In 1986, statistics from the Department indicated relationships of perpetrators to victims by numbers of abuse cases in May of that year, as follows:

<u>Relationship to Victim</u>	<u>Total</u>
<u>Male</u>	2515
Father	716
Step-father	299
Uncle	254
Boyfriend of mother	271
Brother	148
Grandfather	82
Male Cousin	76
Step-brother	43
Male caretaker	230
Other	396

Table 4. Children with Screened-In Reports of Abuse/Neglect by Alleged Perpetrator's Relationship and Type of Maltreatment during January 1 - December 31, 1987.

Children with Screened-In Reports

	Perpetrator's Relationship	Sexual Abuse		Neglect		Abuse	
		No.	%	No.	%	No.	%
Single Perpetrator	Mother	231	4	13127	62	5166	37
	Father	1176	22	1137	5	2723	19
	Stepmother	11	*	15	*	57	*
	Stepfather	274	5	45	*	409	3
	Sibling	138	3	30	*	76	1
	Other Relative	521	10	235	1	318	2
	Unrelated-Adult-In-Home	313	6	68	*	506	4
	Other Unrelated Caretaker	582	11	97	*	226	2
	Legal Guardian	12	*	37	*	29	*
	Foster Mother	7	*	96	*	93	1
	Foster Father	47	1	11	*	26	*
	Other Substitute Care Provider	34	1	26	*	63	*
	Family Day-Care	15	*	49	*	29	*
	Center Day-Care	26	*	16	*	29	*
	Unknown	629	12	191	1	486	3
	Not Applicable	4	*	19	*	10	*
	Other	110	2	44	*	79	1
Multiple Perpetrators	Both Parents	267	5	3915	18	1913	14
	Mother and Stepfather	66	1	285	1	249	2
	Mother and Relative	155	3	450	2	263	2
	Father and Stepmother	4	*	42	*	67	*
	Father and Relative	53	1	53	*	58	*
	Mother & Unknown/Unrelated	422	8	1187	6	908	7
	Father & Unknown/Unrelated	54	1	63	*	87	1
	Other Combinations	94	2	83	*	95	1
Total		5245	100	21321	100	13965	100

* Less than 1% after rounding-off.

** Other single perpetrator combinations.

¹ Includes emotional injury, physical injury, and death from neglect.

² Includes emotional injury, physical injury, and death from abuse.

SOURCE: ASSIST Extract Tapes (Run-Date: January 19, 1988).

<u>Relationship to Victim</u>	<u>Total</u>
<u>Female</u>	210 (7%)
Mother	88
Female Caretaker	75
Other	47
Unknown	155 (5%)
Total	2880 (100%)

In another statistical breakdown, percentages of perpetrators, from highest to lowest, were as follows:

<u>Perpetrator</u>	<u>Percentage</u>
Father	22%
Other	18%
Unknown	12%
Unrelated Caretaker	11%
Other Relative	10%
Unrelated Adult	10%
in Home	
Stepfather	5%
Both Parents	5%
Mother	4%
Sibling	3%

The chart on the following page states children with screened-in reports of abuse and neglect by alleged perpetrators relationship and type of maltreatment in 1987. The chart indicates single perpetrators and multiple perpetrators of child maltreatment.

Profile of Victims of Child Maltreatment

The following percentages derived from national data indicate the age categories and relevant percentages by types of child maltreatment:

Age	Sexual Abuse	Neglect	Abuse
0-5 yrs.	34%	51%	34%
6-11	34%	31%	32%
12-17	32%	18%	34%

According to DSS, physically abused and neglected children are evenly divided between boys and girls, but the substantiation pattern from birth to 17 years old differs. From birth to 11 years of age, substantiated cases for boys surpasses those for girls. From 12 to 17 years, substantiated cases for girls are higher than for boys. The highest number of substantiations for girls occurs at ages 3-5 and 12-16 years. Substantiations for boys peaks at ages 3-5 years and then decreases. Neglect substantiations are more numerous for children under 1 year old, and decline with increasing age.

The Department states that children ages 5 to 12 are at the greatest risk for sexual abuse. Twenty-five percent of children with substantiated reports of sexual abuse are ages 0-5 years; 42% are ages 5-12, and 33% are between 12 and 18.

Consistent studies indicate that the average age when sexual abuse is likely to occur for girls is eight years. Boys are more at risk from ages 9-13. Many victims are as young as 2 and 3 years old, and sexual abuse occurs even to children during infancy. Approximately 73% of sexually abused children are female.

Some studies indicate that the higher percentages of sexual and other forms of abuse to girls reflects a reluctance for boys to verbalize their victimization, and to the fact that frequently as boys become young teenagers they are more able to "defend themselves".

According to a DSS annual report in 1987, "white children represented 61% of neglect, 64% of abuse, and 75% of sexual abuse substantiations. Conversely, the proportions of black and Hispanic children were highest for neglect and lowest for sexual abuse."

A recent study in the New England Journal of Medicine, conducted on 206 cases of children in the care of DSS, in the Boston Juvenile Court, provided some data on the profile of the children involved. Children waited long periods of time to have their cases resolved, with repeated court appearances. Typically, a child was first reported to DSS before the age of 2 years, with their case first heard by the age of 4 years. The child then spent several years in 1, 2, or more foster homes waiting for a final court judgement.

Profile of Abusive Families

While there are numerous recent research studies on the characteristics, indicators, and individual and family profiles of perpetrators of abuse and abusive families, findings of these studies are not within the purview of this report. Many studies confront socio-economic factors, personality and psychiatric theories, intergenerational transmissions of abusive tendencies, and other influencing factors that may be present and future determinants of child abuse and neglect.*

For the purposes of this section, information received by the Special Subcommittee members from the Department of Social Services will be used. The following is a summary of this information.

There are seven broad categories, or groups, of problem areas, contributing factors, experiences, or conditions that may preclude, or directly influence and cause, child abuse and neglect. These groups collectively, or in isolation, are, or may become, determinants of a child's growing up in, and living in, an abusive family. These groups are:

1. unfulfilled needs for nurturance and dependence
2. fear of relationships
3. inability to care for or protect a child
4. lack of nurturing child-rearing practices
5. lack of support systems
6. marital problems
7. life crises

Recent national and state studies indicate the increasing urgency of abusive conditions in families, and marked increases in abuse and neglect of children resulting from drug use and abuse by family members. These influences must be included in any profile of abusive families and in any study of characteristics of persons who are abusive to, and neglectful of, children.

The information from DSS is placed in several categories of determinants, with a brief summary of each category.

* Child Maltreatment, Edited by D. Cicchetti and V. Carlson. Cambridge University Press, 1989.

The study in the New England Journal of Medicine, "Protecting Severely Abused and Neglected Children - An Unkept Promise" (Dec. 1990), indicates that many families coming before the juvenile courts, with children in care and protection proceedings, often are multiproblem families, with the following characteristics:

- 2/3 are poor
- most have single mothers as parents
- 1/2 of the cases have a parent with a psychiatric disorder
- 81% had an average of 4 reports of abuse/neglect in the preceding three year period
- parental drug and alcohol abuse were major factors in the abusive conditions

Personal Factors

Many abusive parents were significantly deprived of emotional support when they were themselves children. This deprivation results in the inability to depend on adults for support, care or love. The abusive parent's unmet needs for nurturance and love often remain throughout their lives, and strongly influence present and future relationships. Fear, frustration and anger are associated with these unmet needs, and abusive parents are more likely to act on impulses.

Abusive parents often lack the skills and abilities necessary to emotionally fulfill themselves, and are unable to cope with their feelings. Many of these parents experience a strong lack of self-esteem or sense of self-worth. Abusive parents often feel unloved and unwanted, and devalued. These feelings, at times stronger than others, can lead to the venting of anger and frustration, in turn, onto their children.

Low self-esteem can lead to low expectations, or the lack of understanding of what expectations can be set with children, and how they are to be evaluated and achieved.

Many abusive parents were themselves physically or sexually abused as children. They have learned, or have come to internalize and accept, extreme forms of physical punishment as normal aspects of parent-child relationships.

Abusive parents may experience isolation, rejection, and a lack of support from families or friends. If both parents feel a sense of personal isolation, the problems are compounded, and further stress and pressures are felt by family members.

The child growing up in an abusive family may be expected to fulfill, or actually may fill, a range of roles in the family constellation, or in the life of the individual parent. The child may become a source of the parent's need to fulfill feelings of love, acceptance and dependence, resulting in a role reversal for the parent and child. The child, by his or her nature, is unable to adequately fulfill the parent's emotional needs, and the resulting frustration and anger on the part of the parent is targeted to the child. A child is often a scapegoat for the parent's sense of inadequacy and failure.

A child with special needs—mental, physical, developmental or educational—that require further attention, may impact negatively on the parents, or provoke feelings of resentment. Parent-child bonding is thus weak and inadequate to fulfill interactive roles. A child may react to abusive dynamics in the family by developing personality or behavior characteristics that are unattractive or unacceptable, thus placing the child in an endangered or threatened position.

Frequently, conditions and parental practices that are considered abusive by others, are considered to be normal within the family unit.

Other factors influencing child-rearing practices are frequently cultural in origin, and are passed from generation to generation. Some of these practices, while considered to be normal within the family, are unacceptable by community standards.

Many parents have unrealistic expectations of a child's developmental abilities and capacities. They are often unaware of what to expect from a child at certain developmental stages and at an appropriate age. When the child cannot fulfill these expectations, or is unaware of what the expectations are, resulting treatment from parents may be abusive.

Environmental Factors

Abusive parents are often emotionally unable to establish or accept support systems even when they are available to them. These inability to connect to outside supports contributes further to the isolation and rejection parents may already feel.

Many abusive parents often become involved in non-nurturing marriages and relationships in which communication, love, and support are lacking. Frequently, mutual abuse of a child represents the only common ground between parents, or the child becomes a mutual scapegoat. If physical violence exists between the parents, the violence often becomes extended to the child.

Societal or economic stressors are frequently contributors to abusive conditions among family members. Loss of employment or housing, lack of food or clothing, arrearages in bill payments, or any household crisis leading to fear, frustration, anxiety, isolation, can precipitate abusive conditions, and become part of the cyclical events involving abuse of children. External stressors and the accompanying patterns of behavior often become a way of life for some abusive families. Parents are unable to deal with pressures or to control their environment.

National studies indicate that there is a strong relationship between poverty and physical neglect. This relationship is lessened in other forms of maltreatment.

In 1987, the Department of Social Services conducted an analysis of regions, counties, and cities and towns of the state to determine and compare the incidences of abuse and neglect among various areas of different population sizes.

In order to establish comparisons, substantiation counts were converted to rates, or the number of children substantiated per 10,000 children less than 19 years of age. Results stated that four counties had rates above the statewide rate of 112 children substantiated per 10,000 children in Massachusetts - Suffolk, Hampden, Franklin and Berkshire. Other rates are stated as follows:

Suffolk	248	Bristol	110	Hampshire	77
Hampden	166	Essex	103	Middlesex	70
Franklin	153	Plymouth	102	Dukes	68
Berkshire	123	Worcester	92	Nantucket	59
Statewide	112	Barnstable	82	Norfolk	49

Among cities, the highest rates were in Holyoke, Boston, Brockton and Chelsea. Selected cities had 100 or more children with substantiated investigations of abuse/neglect. Other rates are as follows:

Holyoke	369	Taunton	176	Statewide	112
Boston	261	New Bedford	171	Cambridge	109
Brockton	261	Pittsfield	165	Malden	105
Chelsea	244	Fall River	148	Methuen	103
Lynn	235	Worcester	141	Attleboro	103
Lawrence	233	Fitchburg	136	Haverhill	101
Gardner	228	Chicopee	135		
Springfield	222	Waltham	122		

Recently, DSS released figures on the numbers of child abuse reports received by cities and towns across the state, for 1990. The top 12 cities and towns are:

Holyoke	848
N. Adams	762
Lynn	696
Greenfield	688
Chelsea	637
Lawrence	634
Lowell	589
Brockton	541
Pittsfield	537
New Bedford	532
Boston	501
Chicopee	493

While not all children placed in foster care come from abusive families, or abusive conditions in their homes, many of them do. As discussed in the previous section, a large number of children living in foster care are placed there through voluntary placement, or are removed from their abusive homes and are placed in foster homes. Some remain in foster care on a short-term basis and some are extended for more long-term care. Some are reunified with their families, and some become available for adoption.

The following section focuses on those children who are reported, investigated, and substantiated as physically or sexually abused, or neglected. Section V emphasizes the systemic methods by which child maltreatment cases are screened, investigated, and supported or non-supported, from the initial report of abuse throughout the stages to the final outcome of the process.

SECTION V: THE CHILD ABUSE REPORTING, SCREENING, AND INVESTIGATION SYSTEMS.

A. Definitional Issues.

There is widespread controversy and a range of variations of definitions regarding causes, determinants, characteristics of perpetrators, outcome and consequences to the child-victim, social and economic stressors and other influencing factors as to what constitutes child abuse, sexual abuse, neglect, and child maltreatment.

The confusion over definitional terms is reglected in the following statement. (Child Maltreatment, 1989)

There is no possible assumption that a given set of situations defined under one law will share commonalities with those defined under a different one either in some state or across state border.

In recent years, those involved in a range of capacities with children and their welfare and well-being, have begun to examine and analyze definitional issues as they relate to the reporting, screening, investigation, prosecution, treatment and servicing of child maltreatment. As a result, a growing body of substantial research, is beginning to have a cumulative impact on the way in which child abuse is viewed, perceived, and defined. While some research is inconclusive, what is available is being utilized to build a solid framework for improved understanding, and enhanced care and protection for children.

References to some research studies will be presented in this section, with the intent that they will be viewed in the context of the child protection and foster care systems in Massachusetts, and with the intent that they will influence the positive changes that must be made in the child abuse reporting, screening, and investigation systems. "Definitions of child abuse will affect how cases are classified, how placement decisions are made, how eligibility for social and legal services is determined, how abusers and abused children will be viewed by others and themselves." (Ibid.)

A recent article in the American Psychologist (2.89) states,

Definitions of abuse are elusive, leading to tremendous variability in prevalence estimates, research findings, and legal practices. No unique syndrome of psychopathology has been found to characterize abusive families, but numerous social, situational, and psychological influences on abuse have been identified. Thus, predictions of who is

Definitional Issues.

likely to perpetrate abuse or how victims will respond is inaccurate, and the rationales for preventive interventions are undercut by high false positive rates. Available evidence suggests that current intervention efforts - whether legal or psychotherapeutic - often are ineffective.

"Different definitions have been based on a variety of factors, including the nature of the act itself - its form, intensity, and frequency; the physical or psychological impact on the victim; the intent of the perpetrator; mitigating situational influences; and community standards regarding appropriate conduct." (American Psychologist, "Family Violence", 2.89)

It is very difficult to study a phenomenon such as child maltreatment without defining it. A wide range of definitions have been offered, but all contain elements of vagueness and ambiguity. "Social meanings of events flow from analyses of the intentions of actors, the consequences of acts, the value judgments of observers, and the source of the standard for that judgment. These four elements - intentionality, effect, evaluation, and standards - present the fundamental issues in defining abuse."*

Many converging factors influence the judgments of professionals in determinations of whether or not an act is abusive. There is no psychopathological model yet developed that applies to the majority of abusive parents, or abusive adults who act in caretaker roles. "No abusive personality" has been identified, but situational stress and cognitive factors such as limited childbearing knowledge, lower tolerance for common demands like crying, and misattributions regarding children's motivations for misbehavior - all are correlates of abuse."**

Recent research indicates that "child abuse is not a heterogenous, unitary phenomenon in which all workers take the same perspective". (Child Maltreatment, 1989) Research demonstrates a significant difference between professional groups who were asked to rate the seriousness of a series of abuse vignettes. Pediatricians, using the medical model, view certain behaviors more or less serious according to the training

* Family Violence, Ed. by L. Ohlin and M. Tonry, Univ. of Chicago Press, 1989.

** Child Maltreatment, Edited by D. Cicchetti and V. Carlson, Cambridge University Press, 1989.

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and information available to them. Police officers may identify as abusive, situations that do not have the same meaning to physicians. The same may be said of social workers, attorneys, day care workers, teachers, clinical psychologists, or school psychologists. "Each group has a unique perspective on the issue of physical child abuse, and within each group there are more individual differences that will exist. Each worker from each of these backgrounds will bring different approaches to the study of child abuse and each will have different ideas about the identification and control of child abuse." (Child Maltreatment, 1989). Clearly, prevention of, intervention in, and treatment and servicing of, child maltreatment, must incorporate input from different disciplines, which must be combined to form a comprehensive, useful approach to the problem.

In an article on "Common Ground" (Nov., 1990), "Factors That Influence Perceptions of Behavior Indicators of Child Sexual Abuse", the author states the results of a study on how professionals perceive and interpret behaviors relating to child maltreatment. Findings indicate that professionals working with children often do not interpret children's behaviors in the same manner. Over 24% of mental health workers were convinced that abuse had occurred when a child became anxious about seeing an unclothed anatomical doll. The remaining 76% were somewhat convinced, or not at all convinced.

The study stated four characteristics that might influence how convincing professionals found various behaviors to be during the interviewing of children:

- the profession of the interviewer
- the expectation of the interviewer (believe that children don't lie about sexual abuse vs. evaluating each case neutrally)
- the sex of the interviewer
- the purpose of the interview (investigative vs. therapeutic)

What professionals believe about child victims clearly influences how they perceive different behaviors in children. Also, training of the professional may cause bias. In addition, subjects, or the children themselves, are influenced by the individual profession of the person conducting the interviews.

Any definition of child abuse involves a classification. The first legal definitions of abuse and neglect had the purpose of designating situations where states and public authorities had the right to intervene. A strong definition of abuse

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has two characteristics - it must delineate a class that can be distinguished from other phenomenon and events; it must provide criteria under which a specific event can be accurately judged to belong within that class. (Child Maltreatment, 1989)

According to one study, there are three factors that vary and influence the identification and reporting of abuse: the socioeconomic status of the caretaker, the ethnicity of the caretaker, and the severity of the injury. Professionals are apt to be influenced by factors that are extraneous to maltreatment itself in making diagnosis, and in reporting certain situations.

Research indicates that poverty itself does not cause child abuse, "but the social stresses and scant educational, economic and social network resources that often accompany poverty are the variables that contribute to the increased likelihood of abuse." (Child Maltreatment, 1989)

In a study of Children's Hospital by Dr. Eli Newberger, racial and economic bias was found to be a main factor in the determination of and reporting of child abuse. These bias patterns influence definitional views of what constitutes child abuse, and are a further influence in the reporting of what appears to be, or actually is, child maltreatment. The survey study revealed that hospital workers showed racial and economic bias in defining and reporting abuse. These workers tended to protect mothers suspected of abuse in choosing which cases to report. More cases were reported that targeted minority and poor children, and fewer cases were reported when the child's mother was suspected as the perpetrator of the abuse.

Hospital personnel failed to report to child protection agencies one-third of all cases in which abuse was suspected, based on individual biases.

The survey yielded the following results:

1. Racial Bias: Hospital workers reported 91.2% of suspected abuse cases involving Latino children, but percentages fell to 74.3% for black children, and to 60.5% for white children.
2. Economic Bias: Hospital workers reported 80% of suspected abuse cases involving children whose family income was between \$7,000 and \$14,000 a year, but only 36.7% of cases for children whose annual family income was over \$25,000.

3. Mother Bias: In cases where the child's mother was the suspected abuser, hospital workers reported only 48.7% of the cases. In cases where fathers or other individuals were suspected of the abuse of the child without the mother's consent or involvement, hospital workers reported 93.5% of the cases.

Department of Social Services Definitions

While Chapter 119, sections 51A-51F, do not contain any definitions of abuse or neglect, the Department of Social Services regulations, 110CMR 2.00 do contain relevant definitions. These definitions are listed below:

- abuse: the non-accidental commission of any act by a caretaker upon a child under age eighteen which causes, or creates a substantial risk of, serious physical or serious emotional injury, or constitutes a sexual offense under the laws of the Commonwealth. This definition is not dependent upon location.
- caretaker: means a child's parent, stepparent, guardian, any household member entrusted with the responsibility for a child's health or welfare...
whether in the child's home, a relative's home, a school setting, a day care setting, a foster home, a group care facility, or any other comparable setting. As such caretaker includes school teachers, babysitters, school bus drivers, camp counselor.
- neglect: failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide the child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location.
- serious emotional injury: an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
- serious physical injury: death or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury, soft tissue swelling or skin bruising depending upon such factors as the

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child's age, circumstances under which the injury occurred, and the number and location of bruises, or addiction to drug at birth, or failure to thrive.

There are increasing attempts to add further categories, or types of child maltreatment to definitions of abuse and abusive conditions. Some, such as drug addiction or exposure, family violence, etc., have been discussed. A syndrome currently under discussion is that of the 'shaken baby syndrome', or the consequences of the forceful shaking of an infant. Recent studies indicate that this syndrome is quite common, and can be detected, at times, through the use of a CAT scan and magnetic resonance imaging. Originally known as Caffey's syndrome, shaken baby syndrome results from violent repetitive shaking of a baby by the arms or shoulders. For those babies who suffer brain hemorrhages, the result is death. For those who survive, the consequences can be dire.

While servicing and treatment of abused children and abusive families is not within the purview of this report, studies indicate that programs that are the most effective involve a multidisciplinary comprehensive approach. Services that are vitally needed are parenting education and training programs that teach effective parenting skills and help parents and parents-to-be to know what to expect in the course of the child's development. Family support systems and programs have proven to be effective and cost-efficient. Parents Anonymous, crisis nurseries, day care, homemaker aides, Foster Grandparents, and any "buddy" system, or means of relieving stress and isolation can make a difference in the incidence of child abuse. A prevention-oriented continuum of services and programs is needed to address the full range of problems and needs contributing to, and resulting from, family violence, and child maltreatment.

B. Mandated Reporters of Child Maltreatment and the Reporting Process.

Some state reporting laws are very restrictive, and designate as a reportable event, "the willful infliction of physical injury". Others have sweeping phrases such as, "or otherwise interfere with the child's general welfare." Statutes relating to child abuse fall into three categories - each legislated for a different purpose - the criminal statute defines a criminal act for the purposes of prosecution. Dependency statutes designate a category of children who may be made wards of the court for care and protection, and reporting laws that bring certain child-related situations to the attention of responsible authorities.

Mandated Reporters

Mass. General Law, Chapter 119, section 51A lists those persons who, in their professional capacity, "have reasonable cause to believe that a child under the age of eighteen years is suffering serious physical or emotional injury resulting from abuse inflicted upon him including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such conditions to the department by oral communication and by making a written report within forty-eight hours after such oral communication".

The section continues by clarifying the responsibilities of those who are members of a medical or other public or private institution, school or facility. Hospital personnel who suspect that a child's injury is due to abuse, may take photographs of the areas of trauma visible on a child who is the subject of a report, without the consent of parents or guardians.

Reporters are listed in Section 51A as follows:

physician	osteopath
medical intern	public or private school
hospital personnel engaged	teacher
in the examination, care	educational administra-
or treatment of persons	tors
medical examiner	guidance or family
psychologist	counselors
emergency medical technician	day care worker or any
dentist	person paid to care
nurse	for or work with a
chiropractor	child in any public
podiatrist	or private facility
probation officer	or home or program
clerk/magistrate of	funded by the state
district courts	or licensed
firefighter	social worker
policeman	foster parent

The members of the Special Subcommittee on Foster Care filed legislation, House 5788, that would add other professionals working with children to the current categories of those who are mandated to report child maltreatment. The bill was signed into law by Governor Michael Dukakis, and became Chapter 474 of the Acts of 1990. The categories added by this law are:

Mandated Reporters

- all licensors in the Office for Children, including foster care, group care, etc.
- allied mental health and health workers, therapists, and counselors, drug and alcohol counselors, clinical social workers, psychiatrists, all health practitioners
- school attendance officers

It must be kept in mind that many mandated reporters are also, individually and categorically, caretakers, or persons who act in a caretaker capacity with children and youth.

The Special Subcommittee is filing a bill to require that "housing authorities" be added to the categories of mandated reporters.

In October, 1989, an additional category of mandated reporters was placed into section 51A: "or which provides the services of child care resource and referral agencies, voucher management agencies, family day care systems and child care food programs."

Any other person may make a report under this section. if the person has reasonable cause to believe that a child is suffering from, or has died from. abuse and neglect.

DSS regulations, 110CMR, 2.00, defines mandated reporters in the same manner as in the statute, Ch. 119, s.51A.

Section 51A specifically outlines the information that is to be included in the report:

names and addresses of the child and his parents and other persons responsible for his or her care
the child's age, sex
nature of the child's injuries. abuse. maltreatment or neglect
action taken, if any, to treat. shelter. or assist the child
person or persons making the report
information that would be helpful in determining the cause of the injuries
other information required by DSS
the identity of the person or persons responsible therefor

The law additionally states that. "any person so required to make such oral and written reports who fails to do so shall be punished by a fine of not more than one thousand dollars."

No person making a good faith report shall be liable in any civil and criminal action. provided such person is not themselves the perpetrator. No employer of a person making a good faith report, may discharge. retaliate. or discriminate against the person.

Mandated Reporters

Child Fatalities

Chapter 119, s.51A states, "any person required to report under this section who has reasonable cause to believe that a child has died as a result of any of the conditions listed in said paragraph shall report said death to the department and to the district attorney for the county in which such death occurred and to the medical examiners as required by section six of chapter thirty-eight. Any such person who fails to make such a report shall be punished by a fine of not more than one thousand dollars."

Office for Children regulations state, "the licensee shall have a written plan for notifying the Office within 24 hours in the event of a death or serious injury resulting in hospitalization of a foster child."

The Subcommittee addressed multiple problems in the mandatory reporting system, as it related to the deaths of two foster children, in the Volume I report released in May, 1989. The findings are summarized below.

In the case of the children who died while in foster care in 1987 - Henry Gallop and Arron Johnson - there were a number of agency personnel, social workers, licensors, hospital staff, police, and others, who had experiences and contacts over a long period of time with the foster family, and with the children placed in the foster home. Most of these persons, if not all, were mandated reporters of possible or actual child abuse and neglect.

There were several "layers" of mandated reporters who did not report their suspicions, concerns, or actual indications of abuse or neglect to the appropriate persons or to the Department of Social Services. There was a multi-system involvement with these children that also failed to respond appropriately to specific conditions. There appeared to be a serious lack of coordination, mutual responsibility, and interagency communication among all parties involved in servicing these children and the foster family, which contributed to, or caused, inappropriate and inadequate responses, and negligence in reporting problem situations and conditions. Several agencies were involved with these children- DSS, OFC, DMH, private service providers, and others - over a long period of time. If systems fail to respond in an adequate and timely manner, and are unable to care for, protect, and monitor those in their charge, and are unable to implement their own mandates, then these systems must conduct internal and external reviews and evaluations of the effectiveness of their systems and implement the appropriate improvements.

Mandated Reporters

When the two children died in foster care, it was evident that several persons over a long period of time had "reasonable cause to believe" that there were reportable problems with the children and the foster home, but did not exercise their mandated roles. In the absence of reporting problem conditions, necessary supportive intervention and prevention services could not be implemented, and proper investigative procedures could not be put into place. Several persons, including police, emergency medical technicians, hospital social workers, and others, made internal memos or notes on case records about problem conditions, yet did not report these conditions.

The law states that a person must make a report on certain conditions immediately. Many persons in the cases of the two foster children did not report their concerns in a timely manner, but instead reserved their concerns and did not report. While the medical examiner who performed the autopsies on the two children was a mandated reporter, he did not report his findings and concerns to the Department of Social Services, stating he was unaware of this mandate. The members have been informed consistently that many professionals are unaware of their mandate to report child abuse, or are uninformed about the process of reporting and the consequences of reporting, and therefore are hesitant to report, or do not report at all. It would appear that some professionals are more informed about their mandate to report than others. Information received at public hearings and through other correspondence, confirmed that problems identified in the cases of the foster children could be generalized as problems that extended beyond these cases to a more broad-based application.

The members were informed at public hearings that public awareness, media attention, and education are key components in the prevention and reporting of child abuse.

The Special Subcommittee heard that often persons working with children are fearful of the consequences of reporting child abuse, or that they will be falsely accused, or that families will be disrupted if reports are made. Other professionals are hesitant to report, or do not report, because they are concerned that a relationship they have with the child or youth may be restricted, or may dissolve. Also, teenagers often do not report that they are being abused, because they are fearful of the outcome. Many persons who communicated with the Subcommittee stated that they sometimes do not report possible or actual abuse because they feel the system is unresponsive to the needs of the children and families, or that there will be bias in how the situation is handled by state agencies.

Mandated Reporters

Some professionals or persons who are mandated to report are unclear, "uneasy", or misinformed about their role. Others believe that they have to prove the abuse, if they do report. Still others think that even if they do report, there will be an inadequate response on the part of the Department of Social Services, or that the consequences of reporting are serious and they will be responsible for the outcome. Some advocates and others are concerned about the reporting process, stating that DSS sometimes wrongly accuses mothers of neglect for failing to provide the child with an environment that may go beyond their financial means. In about 90% of neglect reports, the mother is named as at least partly to blame.

The Department of Social Services has stated that "80% of reports are worth looking into, and that one-half of reports require some type of action". While the Department does effectively intercede on behalf of children in many instances, and does provide much-needed services to families and children, the members are concerned about the interactive roles between Social Services and the criminal justice system. While Ch. 119, sections 51A-F relate to civil matters in child abuse cases, many of the conditions that are reportable to the District Attorneys under section 51B relate to crimes against children, as provided in statutes Chapters 265 and 272. The Subcommittee has filed legislation for the 1991 session that provides for a recodification of all criminal acts against children into one code, Crimes Against Children. This area is further discussed under the section on Reports to District Attorneys.

An area of concern is that training programs, and periodic re-training sessions for mandated reporters are not always focused on the issues and needs of the particular category of professional, or relevant to that professional's discipline. Reports are not always made in a timely manner, and many professionals are unclear as to their specific role in the reporting process, and in the ensuing investigative process.

In the article in the New England Journal of Medicine, in December, 1990, physicians surveyed stated that they were often excluded in the formation and implementation of a treatment-service plan, after an abuse report had been made. The physicians felt that they could provide an important service in the treatment process, and that they should be included.

Recently, the Dental Coalition to Combat Child Abuse and Neglect has been formed as a self-education group to urge members of the dental profession to report child abuse and neglect, when they see children in their practices who they suspect are being abused. The group states that they think dentists are in a unique position as health care professionals to view children who may be abused or neglected.

The Coalition states, "we specialize in the area of the head, neck and mouth, where there is evidence of trauma in 65% of all physical abuse cases involving children." In a survey, the results of which were issued by the Coalition, only one-half of physicians statewide knew of their requirement to report, and less than one-half knew where to report such cases.

New York state recently passed a law that requires all licensed health care providers working with children to take a two hour course on abuse in order to have their license renewed. The Special Subcommittee filed a bill in 1990 to require a notification by state boards and licensing/certification agencies or departments to all professionals seeking a license or certification, of their mandate to report child abuse. The notification would appear on an application for a license or renewal of a license or state certification, and the professional would be required to sign the statement acknowledging their obligation. The bill was signed into law in October of 1990. The intent of the law is to provide an additional vehicle for education and prevention of child abuse.

DSS reports that 54% of reports received by DSS are made by mandated reporters; family members, friends, and neighbors make up 25% of reporters of abuse and neglect in drug-related cases. In drug-abuse cases, family members and other non-mandated reporters are the largest group - 44% of the reporters of supported child maltreatment allegations. In a study by DSS in 1988, the following reporters were leading reporters of abuse in specific categories of maltreatment: medical professionals for sexual abuse, medical professionals and court/law enforcement agencies for neglect, and school personnel and medical professionals for abuse. Among nonmandated reporters, the primary reporting groups were: parent/relative for sexual abuse and anonymous for both neglect and abuse.

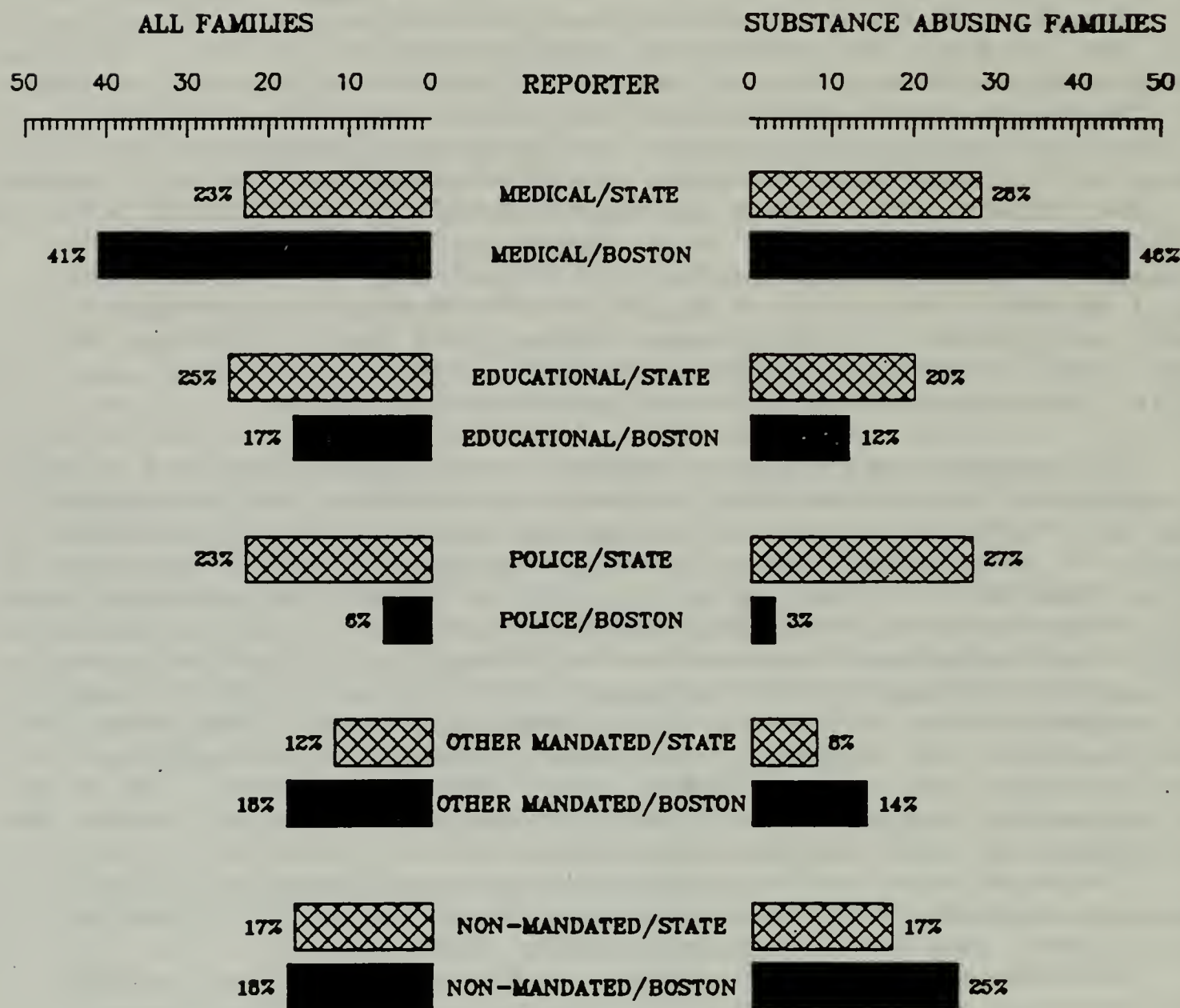
The chart on the following page states the categories of mandated reporters both statewide and in Boston, for families in general, and for substance abusing families.

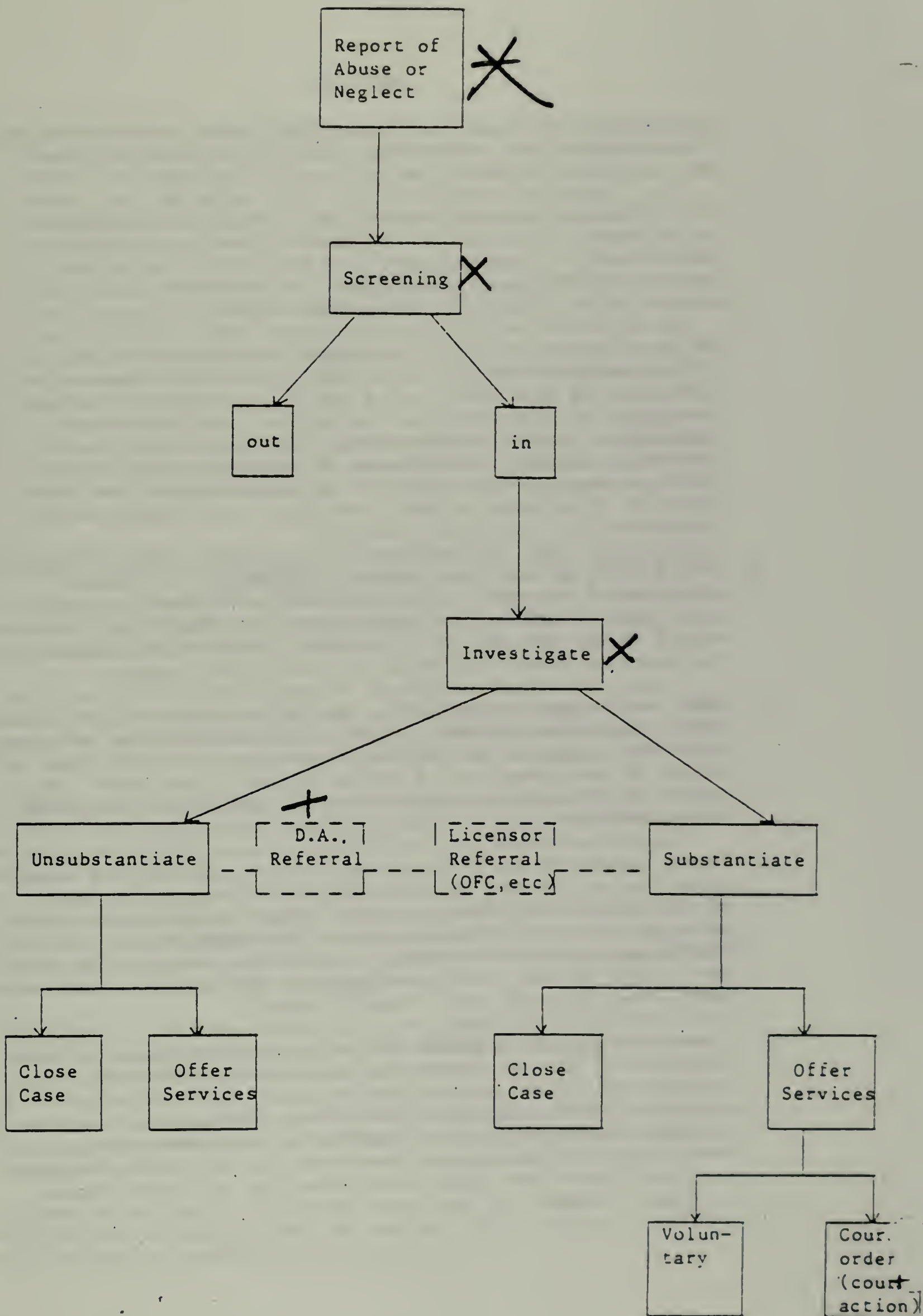
The chart on the next page, provided by DSS, states the general reporting and investigative process in child abuse cases. There are several other interim stages that are not reflected in the chart. In addition, the Department has added a 45 day investigative stage, to be implemented when there is "new information" resulting from supported cases.

There were many procedural and regulatory violations in DSS investigation of the deaths of Henry Gallop and Arron Johnson. While these problem areas are discussed fully in Volume I, they will be summarized here:

- a. While the Area Director of DSS is required to obtain a death certificate and autopsy report of a child who had died, and to forward this and the case record to

**FIG. 3. REPORTERS OF CHILD ABUSE AND NEGLECT
IN MASSACHUSETTS
STATEWIDE VS. BOSTON**





DSS Case Investigation Unit (CIU), the provider agency responsible for the children did not forward the appropriate information.

- b. The CIU was unable to carry out case investigations on either child within the time frame stated in the Department's regulations. The Department did not conduct a thorough investigation on either child, again in violation of its regulations.
- c. While DSS regulations state that the purpose of the CIU investigation is to review the circumstances surrounding the death of a child, and to review the adequacy of services to the child, the Department only did the latter when Henry Gallop died, thus possibly missed indications of problems that could have prevented the death of Arron Johnson. The CIU process is stated in DSS' regulations, but is not contained in any state statute.
- d. There were grave discrepancies between the stated purpose of the DSS investigation, and what actually took place during the investigation. When the first child died, DSS did not take any preventive measures to protect other children in the foster home.
- e. The investigation into the deaths of the two children was uncoordinated and fragmented, and parties involved were not aware of their roles and functions in the event of the death of a child in care, nor were they aware of the appropriate response system or channels of communication.
- f. There appeared to be much confusion and lack of communication as to who should file a 51A report on each of the children. This process, when it does occur as part of the case investigation, is cumbersome, and prolonged as to the number of persons who should report, the manner and timeframe in which they must report, and to whom they should report.
- g. There are no provisions within the regulations of the Department for an impartial review or independent evaluation of an investigation into the deaths of children in the care of the state. There are no procedural guidelines for a systemic response plan, or subsequent precautionary measures to be taken to protect and care for other children, or to investigate a child's death.

- h. There are no specific sequential steps to be taken that differentiate a case when a child dies from abuse or neglect in his/her own home, from a case when a child dies in a foster home placement, or in another facility contracted to provide care to children.
- i. There was no notification to the natural parents of the foster children, about the injuries and illnesses the children were experiencing. There was also no notification to other parents of foster children, about the injuries, illnesses, or deaths of other foster children.
- j. There are no protocols developed by state agencies, that outline procedures and response plans in the event of serious injury or fatality of children in foster care.

B. RECOMMENDATIONS: MANDATED REPORTERS AND THE REPORTING PROCESS.

(Many recommendations proposed in Volume I have already been implemented by DSS. Those that have, are contained in a separate addendum to this report.)

Training and re-training of mandated reporters as to their full responsibilities as mandated reporters, the specific conditions under which they must report, and the appropriate responses to these conditions.

Training programs should be specifically tailored to certain professionals and caretaker roles, and to their respective functional capacities in those caretaker roles.

Training and educational programs should include clarification of definitional issues in the determination of abuse and neglect, and as to what factors and conditions constitute abuse and neglect.

Training programs should include specific instructions to facilitate the reporting of abuse and neglect in a timely and expeditious manner.

Training sessions for mandated reporters should include the appropriate channels of communicating the reported information.

Interdisciplinary training sessions and educational forums should be conducted periodically for all categorical groups of mandated reporters.

Statewide education and training of mandated reporters, including medical examiners, hospital personnel, educators, and all those listed in the statute, should be implemented.

Caretakers such as all OFC licensors, school attendance officers, health practitioners, and allied mental health workers, such as drug and alcohol counselors, should be included in the categories of mandated reporters. (Legislation filed by the Special Subcommittee adding these reporters, was passed into law in Dec. 1990, Ch. 474.)

Foster parents should have training and education on their role as mandated reporters, that is specifically focused on their roles as foster parents who frequently service children who have special needs, medical and health problems, mental illnesses, educational needs, and who may have experienced maltreatment.

The role of all persons who serve in any capacity with the Office for Children - licensors, social workers, day care workers, and all others in the Office, should be clearly defined and clarified as to the requirement to report abuse and neglect.

The Special Subcommittee filed a legislative proposal to require state licensing boards and departments to add a statement to applications, or renewals of applications, informing the applicant with a written statement to be signed that they are a mandated reporter of child abuse, sexual abuse, and neglect. Ch. 186 was signed into law in October, 1990.

Upon the hiring of an employee who is in a category of mandated reporters, the employer should provide that person with a standardized form outlining the employee obligations as a mandated reporter. The Special Subcommittee has filed a legislative proposal addressing this area.

The Executive Office of Human Services, the Departments of Social Services, Youth Services, Public Welfare, Mental Health, Mental Retardation, Education, Public Health, and the Office for Children, should develop and implement a concerted plan to conduct a public media and education campaign on child abuse prevention, child safety and protection, and all aspects of the child abuse reporting and investigation process. The campaign should be multi-disciplinary and interagency in scope and educational outreach. The members support the initiatives of DSS to implement a media campaign.

Protocols should be developed for categories of professionals that would act as guidelines for social workers, nurses and health professionals, physicians and hospital workers, on the reporting process for suspected and actual abuse and neglect.

Hospital protocols should be established by every hospital and health clinic statewide, in cooperation with DSS and other state agencies.

The protocols should contain such information as the nature of a child's injury or illness, any abusive conditions experienced by the child, the timing and coordination of the report, the differentiation between actual medical problems and those problems not attributable to the health status of the child, the channels of communication in the reporting process, and any other necessary information.

There should be a protocol implemented and distributed that would outline the mandate of medical examiners to report child abuse and neglect. The protocols should be accompanied by an Interagency Agreement between DSS and the Medical Examiners, which outlines timelines for autopsy reports and death certificates, and an agreement for joint annual training sessions.

DSS should develop and implement Interagency Agreements with state agencies and others, that would outline which information about reports and investigations of abuse is to be shared among relevant and appropriate agencies, and would outline the interactive roles among these agencies.

DSS, OFC, and any other appropriate agency, should develop and implement interagency notification systems that educate and inform members of the agencies about their roles as mandated reporters.

The role of the police and law enforcement personnel in the abuse reporting and investigation process should be further studied. The time of entry into certain cases of child abuse is a serious concern further being studied by the Special Subcommittee. The role of District Attorneys and their entry into a case is further being studied also, and is discussed in the section on reports to the District Attorneys.

Issues such as timely reporting, and further defining of "reasonable cause to believe" must be addressed. The statute should be amended to strengthen language regarding the requirement that a mandated reporter file a

report immediately.

Every state agency should develop a system of internal reporting to further clarify roles and functions, and to immediately facilitate a systemic response plan.

Barriers to confidentiality and interagency communication must be identified and removed, in order to enable agencies to share information and promote mutual care and protection of children.

Interactive roles among agencies serving in a mutually responsible capacity with children, must be defined and clarified, especially when there are several children with complex needs placed in foster care. Information and responsibility-sharing roles must be defined.

Agencies should develop a systemic response plan in the event of serious injury, illness, or abusive conditions to children.

Agencies, professional groups and organizations, educators, service providers, and others should conduct periodic internal educational and training forums on the mandate to report child abuse. Periodic effectiveness reviews and updated training sessions should be implemented.

Natural parents should be notified, in appropriate, when their child has been injured, or is ill, or had died, or there has been a supported case of abuse against their child, while in care. Natural parents of other children placed in the same home should be notified when the above conditions occur. (A bill filed by the Subcommittee requiring this notification was signed into law in Dec., 1990, Ch. 474.)

Child Fatalities

DSS, in cooperation with other agencies, departments of the state, and other professional persons, the district attorneys, and law enforcement personnel, should develop and implement a protocol for a multi-disciplinary systemic response plan in the event of the death or serious injury of a child.

Ch. 119, s.51B and other relevant statutes should be amended to include the institution of a response plan. DSS regulations should also be amended.

The Department of Social Services, in coordination with other relevant state and private agencies, should develop and implement a Child Fatality Policy, that outlines specific procedures to be followed in the event of the death of a child from abuse, neglect, or abusive conditions. (DSS has implemented a new Child Fatality Policy, #90-02, which streamlines and specifically outlines procedural steps to be taken in the event of the death of a child from abuse. The new policy outlines a comprehensive and timely approach to the needs of both the natural and foster family.)

The timeframe of DSS' CIU investigation should be streamlined and expedited, and should include temporary emergency measures to be taken during the interim between the initiation of the investigation and the final report. Investigations should include a review and, if necessary, a multi-disciplinary evaluation of all circumstances surrounding the child's death.

While a system must conduct an internal investigation in a responsible and timely manner, there should also be an immediate impartial and independent review of all circumstances when a child has died, or had a serious injury.

Both the internal review (Case Investigation Unit), and the independent review (child protection team or other impartial review) should be interagency and multi-disciplinary in approach and makeup, and defined within a uniform framework over a specific period of time.

The role of the police and law enforcement personnel in the abuse reporting and investigation process should be studied further. The time of entry into certain cases of child abuse is a serious concern further being studied by the Special Subcommittee. In Nov., 1989, Ch. 560 was signed into law, providing that DSS will forward to the local police a copy of an abuse report that is simultaneously sent to the District Attorney. While the members support this measure, further study is necessary concerning an earlier entry by the police into an investigation in certain cases.

The role of the District Attorneys should be further developed, with emphasis on early entry into certain cases, especially those involving serious physical injury to children. The Subcommittee has filed a bill to address this issue, discussed in Part D of this section.

DSS, as a result of the recommendations of the the Subcommittee, has improved and strengthened its CIU procedures and investigatory process. The members recommend that the Department continue to monitor the effectiveness and efficiency of this process. The Child Fatality Process and the CIU process are contained in the Appendix.

Legal and confidentiality barriers should be removed and all information, such as death certificates, autopsy or injury reports, and other vital information should immediately be made available to the multi-disciplinary or investigative teams, in order for response plans to become fully operative in a timely manner.

Private contracted service providers should be involved in the reporting and investigation process, and be apprised of their responsibilities in the abuse reporting and investigation process, and of the outcome of the report.

C. The Role of Social Workers as Screeners of Child Abuse.

While the role of the "screener" of child abuse reports is not defined or acknowledged in the state's Care and Protection statute, Ch. 119, s.51A-F, it is discussed in DSS' regulations, 110CMR, 4.21. This regulation states that "the purpose of screening is to identify children at risk of abuse and neglect from a caretaker, and to distinguish the need for an emergency or non-emergency response. The screener may also provide the caller with information about other authorities who should be called." The role of the "caretaker" is also defined as those persons who may be inflicting the abuse of the child and who are parents or parent substitutes. The role of the screener includes:

- a. in addition to consulting with the reporter, screening will include checking of Department files and the Central Registry
- b. collateral contacts with third parties may also be made, and shall be documented in writing on 51A forms
- c. enter each 51A report, whether or not "screened out", into the Central Registry
- d. notify mandated reporters in the event that it decides to screen out a 51A report
- e. determination of whether or not the report falls within DSS' mandate
- f. determining if the reported condition poses a threat of immediate danger to the life, health, or safety of the child
- g. determine the designation of the report as an emergency or non-emergency report, and assign the case for an immediate investigation

The members heard at public hearings and through other communications that there is a lack of uniformity across the state with regard to screeners, and that screeners are making medical, clinical, legal, and psychological evaluations without proper and appropriate training and education. In addition, the members heard that the screener is often the person who is "on duty for the day", and is not specifically trained and educated for this critically important functional role in the receiving of reports of child maltreatment. While the members are supportive of the roles of social workers, and are not intending to undermine the vitally important and difficult role of social workers, this area is one of concern to the Subcommittee.

The social worker who carries out the role of "screener" is not the same social worker who initiates or conducts the investigation of the report. It is unclear whether or not these two parties are involved in a mutual effort to review and investigate the report, or whether or not they communicate in any way. The actual functional role of the "screener" is unclear in the statute and regulations. As this role is extremely critical in the evaluation and determination of which reports flow into the investigative stage of the process, and in the determination of which reports are considered abusive enough to be processed, this role is crucial to the protection of children, and to the accurate and appropriate response to child maltreatment. Screeners do not have specific training and education in definitional issues involving what factors constitute potential and actual abuse and neglect.

There is a wide discrepancy between the actual number of cases reported to DSS by mandated reporters, those that are subsequently investigated, and those that are again subsequently supported as cases of child maltreatment. As the roles of the screener, and the investigating team or social worker, are critical in the determination of the flow of cases that are reported, and therefore critical to the appropriate investigative procedures and care and protection of children, this area remains a serious problem area. Clearly, definitional variations enter into the child maltreatment process, for reporters, screeners, and subsequent investigators.

C. THE ROLE OF SOCIAL WORKERS AS SCREENERS OF CHILD ABUSE.

The role of DSS "screeners", or those social workers who screen initial reports of child maltreatment, in the reporting process, should be comprehensively reviewed and revised.

DSS should develop and implement uniform guidelines and standards of response for use by screeners, when a report of child abuse and neglect is received.

The members are evaluating the possibility of recommending that an interim screening/investigative stage be added to the process, to allow for more flexibility and evaluative measures to be implemented in certain cases. This step would also further protect persons who are wrongly accused, or wrongly reported as the perpetrators, yet whose names remain in the Central Registry for long periods of time, even when a report is unsupported, or it is unproven as to who is the perpetrator.

Social workers who are "screeners" should receive specialized, expanded training in all legal, medical and clinical aspects of child abuse and neglect, and should have "back-up" personnel available to provide qualified necessary input into the decision-making process concerning reports to be screened in or out.

The role and function of "screeners" in the abuse reporting and screening process should be more explicitly defined and clarified.

The Dept. of Social Services should evaluate current policy, procedures, and regulatory guidelines in the role and function of "screeners" and the entire screening process, when reports are received.

A determination of the person to be "screener" on a particular day should not be based on which social worker is available on that day, but the role of screener should be based on a more consistent role definition. Social workers performing the function of initial screeners should have more in-depth uniform and appropriate training and education.

"Screeners" should have specific training and education in definitional issues involving what factors constitute potential and actual abuse and neglect, the conditions and circumstances surrounding the abuse, neglect, and the reporting of the abuse, and other such aspects.

The Special Subcommittee is currently surveying the course curriculum for undergraduate and graduate educational and training programs for social workers. The members continue to have concerns about the lack of training in legal, medical, and clinical matters in such programs. This recommendation is also applicable to findings and recommendations in the investigations section.

Of critical importance in the reporting, screening, and investigative processes, and to the persons involved at each stage of these processes, is the understanding, training, and education of definitional issues related to child maltreatment in all forms. Screeners, reporters, and investigators, and others working in caretaking capacities with children, should have periodic training, and retraining sessions that incorporate definitional issues in the sessions.

The Special Subcommittee recommends that DSS and other state agencies, advocates, and groups and organizations involved in child welfare issues, and the care and protection of children conduct a cooperative and coordinated review of these issues, as they relate to the child abuse reporting and investigative process. The Subcommittee will continue to review these areas.

The Children's Hospital study regarding bias in reporting child abuse cases presents serious issues relating to the reporting process. The Subcommittee recommends that DSS and other state agencies study this area, through demographic and statistical analyses, to determine immediate remedies and corrective measures to eliminate reporting and investigative biases based on the gender of the perpetrator, or alleged perpetrator, and on racial, social and economic biases. Training programs should include these areas, and should be provided to groups of mandated reporters, and to social workers who are performing the role of "screener".

DSS screeners should receive specialized training, and be provided with specific guidelines, on procedures for sharing information with other relevant agencies, on reports of child maltreatment.

D. Case Investigation Process; Supported/Unsupported Decisions.

This phase of the investigative process by DSS, of the reports of child maltreatment received by the Department, is legally stated in Chapter 119, section 51B: Physically or emotionally injured children; duties of department; disclosure of information. The Department's duties are outlined in this section, and are summarized below:

1. investigate and evaluate information reported, and begin the investigation, if the child's health and safety is in immediate danger, within 2 hours of the report, and completed within 24 hours; for other reports, the investigation is to begin within 2 days and completed within 10 calendar days (the Department's new 45 day investigation stage is not stated

in the statutory section)

2. the investigation shall consist of a home visit, a determination of the perpetrator, the status of other children in the home, an evaluation of the parents and home environment, and other relevant facts; report done in writing
3. take the child into immediate custody, if the department has reasonable cause to believe that the removal of the child is necessary for protection from further abuse (new judicial standards call for a revision of the standard of removal from "reasonable cause to believe" to "clear and convincing evidence"-discussed in the following section)
4. the department must file a petition on the next court day, if the child is removed

Subsequent to the reporting-screening stage in the DSS process, is the stage wherein a report of child maltreatment is "supported or unsupported". This stage was formerly called the "substantiation/unsubstantiation" stage, but was revised within the past year to the less legal terms of "supported/unsupported". While the terms "support/unsupport" are not defined in statute (neither were the terms "substantiate/unsubstantiate"), they are defined in DSS regulations, 110CMR, 2.00:

support - to find after an investigation that there is reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker

unsupport- to find after an investigation a lack of reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker

The social worker who conducts this stage of the investigation is not the same social worker who has already carried out the screening stage. According to DSS, the social worker taking the report "determines that there may be reasonable cause to believe that a child is abused or neglected according to above definitions", and subsequently, "a social worker is assigned to investigate the report".

The members were informed that, while according to statute DSS has ten days to investigate a report of abuse, there are cases that go to regional offices for reviews, which could extend this time period to 10-30 days before a District Attorney is notified, or the case is acted upon.

The members are therefore concerned that the time span between the initial reporting of possible or actual child maltreatment can be prolonged and delayed to the detriment of the child, and to the provision of services or other options to protect the child.

The members are very concerned that there are no applicable standards or guidelines used for the determinations of which cases are supported, and which are unsupported. Therefore, there are inconsistent applications of conditions or factors that provoke a case through the remainder of the investigative process, both at the local-area level, and at the statewide level.

Reports may be screened out, or unsupported, for many reasons: the person reported is over 18; the person accused is not a caretaker; the case is open and the allegations are "old"; the reporter is unreliable; because the child abuse "threshold is not reached; the allegations cannot be supported within the 10 day time period. This information was received from DSS at the request of the Special Subcommittee. The members are concerned about the reasons stated for not supporting certain cases. Since this term implies that the accusation of abuse is unfounded, or that abuse did not occur, or that the person accused did not commit the abuse, the other conditions stated by DSS, warrant the development of another term to designate some of these other reasons. The members recommend that other measures be implemented to deal with these conditions, and that not all of these cases be dismissed. According to DSS, there are "safeguards" in place for filtering out "frivolous" or "malicious" complaints. However, it is unclear what these safeguards are, who employs them, and how they effectuate decisions regarding which cases are screened in, and which are screened out.

The members are also concerned about the reason for not supporting a case because the child abuse "threshold is not reached". This term should be defined through conditions under which a threshold is reached or not reached, and just what this threshold consists of by definition or condition. The members will continue to determine what happens to cases that do not reach the threshold. The same concerns apply to the reason not to support, when allegations cannot be supported within the 10 day timeframe.

The term "reasonable cause to believe" is used throughout the reporting/investigation process in determinations of child maltreatment. However, this term is not defined, nor are there applicable standards or conditions in existence.

Research by the members indicates that other states have several categories of preliminary findings in child abuse cases. Some of these categories are: allegation invalid, case is not serious enough, report negated, etc. These preliminary

categories, not used in Massachusetts, have significant bearing on determinations of abuse, how the remainder of the investigation proceeds, and subsequent decisions regarding the child, the alleged perpetrator, or caretaker, listing in the Central Registry, appeals, reports to the District Attorneys, and other stages in the process.

The Special Subcommittee is reviewing definitional issues, and is examining the appropriateness and effectiveness of defining, by statute, child abuse, neglect, and sexual abuse. DSS has defined these terms, and emotional injury, in the regulations of the Department.

DSS statutory and regulatory intent is to, in certain cases of child maltreatment, provide services to the family in the first stage of the process. This occurs under two conditions: if there is reasonable cause to believe that the child in question is abused or neglected, services are provided to reduce the risk of harm to the child; if the child is not abused or neglected, but the family appears to be in need of services.

The members are concerned about the possibility, as reported to the Special Subcommittee, that DSS is only processing critical cases in for investigations. If this is the case, other cases of potential or actual child abuse or neglect may be allowed to continue, and a child placed at risk for continued abuse. This area needs further study and evaluations.

The Department of Social Services has recently added a "new" policy to its decision-making and management of child abuse cases. This policy automatically adds a 45 day appeal process for parents and other adults who are charged with abuse and named as the alleged perpetrator. According to information received by the Special Subcommittee, the accused are not always informed in writing of his/her rights, or rights to an appeal.

This policy extends the time period for decisions, in certain cases, with the inclusion of the original ten day investigative period, to 55 days in which DSS can conduct a family assessment and more detailed evaluation. During this time, a "professional" who is not the social worker who did the investigation will consider any "new" information about the child and the family.

During this period of investigation, the "professional" may reverse the initial ten day decision if new information is revealed during the 45 day period. If the reviewer finds that allegations are unfounded, DSS records are changed to reflect this revised decision, and the alleged perpetrator is notified. However, the person's name remains in the Central Registry for one year.

Once the decision is made, after the 45-55 day period of review, that the child has or has not been abused, this decision stands and cannot be appealed. The only finding that can be appealed is relative to who is the perpetrator of the abuse.

The Special Subcommittee requested, and received, from DSS, extensive information on the 45 day investigative process. According to DSS, the person accused, or the "consumer", may submit a written statement with facts that are felt to be important by the consumer who disagrees with the decision of the Department. The consumer may request that their statement be added to the file.

At the end of the 45 day assessment period, the supervisor working with the social worker on the case may decide that the original decision may remain the same, or be changed. If the Area Program Manager agrees with the recommendation to change the decision, the case is forwarded to the Area Director for approval.

While DSS has had a 45 day assessment period, by statute, for some time, the automatic review of supported decisions is new and applies to all new cases; other cases are handled by the Fair Hearing Process. The Department can call on a hospital trauma team, or refer a case to DSS' Family Life Center Team. However, there are no provisions for independent and impartial review teams in certain cases of child maltreatment. Ch. 119 calls for the convening of DSS' multidisciplinary teams only after DSS' investigation is completed.

When the Special Subcommittee asked DSS to define the term "new information", the Department provided the following definition - "new information is any information which was not available to the investigator and/or information the investigator was unable to uncover during the initial 10 day investigation". Also, according to the Department, "the 45 day assessment period has been a standard procedure at DSS for years. The automatic review of supported decisions after the 45 day assessment is new and it applies to all new cases which are opened after the investigation. Cases already opened at the time of the investigation do not receive an assessment and the appeal/review is handled by the Fair Hearing Process rather than the Automatic Review Process". Also, the Department stated that while a review cannot be appealed within the Department, further appeal is available through the courts. However, it is unclear whether or not the accused is informed of this option.

There are inadequate standards and interagency agreements between DSS, OFC, and other agencies and private contracted providers as to specific conditions under which information on reports and investigations should be communicated and shared on an interagency, cooperative basis. It is unclear whether any interagency agreements exist relative to the 45 day investigation period.

There is no system in place for involving multidisciplinary teams early in an investigation in certain cases of child abuse. DSS has teams authorized by statute to be established in certain cases, but the focus of these teams is on service provision. Several offices of the District Attorneys have teams, or units, but these are only for cases received by the District Attorneys directly, or from DSS. According to DSS, relating to the convening of multidisciplinary teams, "the law convenes teams only after the Department's investigation is complete".

According to information received by the Subcommittee, investigators are not always trained in the early stages of child development or in how to interview young children. Some investigators interview children alone, at times with inadequate or inappropriate training.

Chapter 396 of the Mass. General Laws, was signed into law in 1989. This chapter amended Ch. 119, s.51B, by stating that, when a person makes a report of abuse and has any other information relevant to the DSS investigation, that person may be required by DSS to disclose this information subsequent to the reporting of the abuse.

It should again be stated in this section that natural parents of children placed in foster care, are often not informed of serious injuries, illnesses, or abusive conditions concerning their children. Natural parents are often not informed when children other than their own, living in the same foster home, have been abused or injured.

The members are concerned about the role of the caretaker in the DSS screening/investigation process, in that if the abuse was committed, or suspected to have been committed by someone other than the caretaker, is this information forwarded in a timely manner to the District Attorney or the police. While the focus of DSS is whether or not a caretaker is the alleged perpetrator, the members have been informed that DSS is not necessarily concerned with which caretaker in or out of a household may be the alleged perpetrator. DSS has consistently stated that its' investigation involves only that abuse or neglect have taken place, and the nature of the abuse or neglect, by a caretaker only. However, the name of the alleged perpetrator is often placed in file records, the Central Registry, and other places.

The Department has initiated a recently implemented policy, Project Protect, which has raised some controversy over civil rights, due process, state intervention into families, due process, and other issues. The policy involves: urging social workers to act to protect children in cases where there is no clear evidence of abuse; search for other signs indicating the child may be endangered, such as family violence, drug abuse, suspected criminal activity, and a criminal history of a caretaker- the presence of three or more factors

could trigger a "mandatory inquiry" to law enforcement personnel; if the social worker believes that a child is at risk, he/she could request a physical exam for the child, and if the caretaker refuses, a court order may be obtained.

The timing of the entry of police officers and law enforcement personnel in certain cases of abuse remains an area of concern, and one that is unresolved.

The members heard that often there are discrepancies between what is stated in statute and regulation of DSS, and what actually exists in practice, policy, and programming. An article in the Mass. Law Review of spring, 1990, "Family Intervention and the Department of Social Services: The Pre-Court Investigatory and Administrative Process", by Jinanne Elder and Allan Rodgers, states, "agency practice does not necessarily conform to the statutory and regulatory procedures and proscriptions described in article".

D. RECOMMENDATIONS: CASE INVESTIGATION PROCESS; SUPPORTED/UNSUPPORTED DECISIONS.

Standards should be implemented as to specific conditions under which information should be communicated and shared on an interagency basis, so that a systemic response to child maltreatment may be implemented. (DSS has begun to implement these Agreements.)

There should be an involvement of multi-disciplinary teams, or child protection review teams, early in an investigation in certain cases of child abuse. The Special Subcommittee supports the timely and coordinated use of multidisciplinary teams in the reporting and investigation stages of the process. Such teams should be uniformly utilized, in both DSS and in the Offices of District Attorneys. In certain cases, including child fatalities, there should be impartial and independent review teams established to investigate.

The role of the District Attorneys should be further developed, with emphasis on early entry into a case of reported child abuse, in certain specific cases, such as a child fatality, or serious injury to a child that is due to abuse or abusive conditions. This area is further discussed in the section on Reports to the District Attorneys.

While a recent amendment states that local police should receive a copy of a report to the District Attorney, the members support an early entry of police officers and law enforcement personnel in certain cases, at the time

of the report. In other cases, early entry at the initiation of the investigation is a recommendation.

There should be a definitional formula to determine what constitutes "reasonable cause to believe" and social workers should be highly skilled and trained in these determinations. In certain cases, social workers should have teams available to determine the "reasonable cause to believe" standard. The members recognize that many cases must be determined on an emergency basis, and that judgments and decisions are often based on the immediacy of the situation.

The time delays for cases that are sent to the regional office (it is unclear whether or not there is a substitute step here, since most regional offices have been eliminated) of between 10 and 30 days, must be reduced, especially in cases that should involve District Attorneys early in the process. Since often investigation information is contaminated, or "too old", or is inadequate due to these time delays, this step should be eliminated and the process streamlined to ensure safety to the child, and to ensure the quality and effectiveness of the investigation. The members are working on legislation with District Attorneys to ensure early access in certain cases.

It is recommended that DSS study and consider the addition of another stage or step in the initial screening/investigation process, such as allegation invalid, or some other designation that would facilitate decision-making affecting due process, listing in the Central Registry, appeals, subsequent decisions relating to the child, the status of the alleged perpetrator, and other aspects of the process.

In DSS' most recent policy of adding a supported case review in the investigation process, there is no designated definition, or qualifications stated, of the "professional" who conducts the 45 day investigation. There is no information available on whether this person is a DSS worker, or a contracted professional, or other person.

While the members support this family assessment period, and its intent to protect and provide due process to alleged perpetrators and evaluate family conditions, the members recommend that interim measures be implemented to ensure that legal processes are adhered to, that services be provided to the family, and that adequate and appropriate teams, or support systems, be mobilized to ensure comprehensive assessments, the protection of children,

the provision of services to the family, and other aspects are addressed.

It is recommended that the term "new" information be defined, and conditions under which the new information emerged, and who the parties involved with this information are, be clarified. Conditions and guidelines should be implemented that determine the format and flow of information, and how this information is to be used, and by whom. The role of the District Attorneys in this stage should be evaluated and determined -i.e., should they be involved, since the case is supported, should information gathered at this stage be shared, is this assessment period part of an investigative procedure on possible criminal acts, or part of the needs-servicing assessment, and other such issues.

Persons accused of being alleged perpetrators of abuse, should at all times, be informed in writing, of their rights to due process, appeals, reviews, and hearings, in all cases of alleged child maltreatment.

The members recommend that, if the reviewer finds that the supported decision is unfounded, or that the allegations are invalid or unfounded, the alleged perpetrator's name should not be placed in the Central Registry, but could be retained in the case record for a specified period of time.

The written statement of the alleged perpetrator should automatically be added to the case file, and should be considered primary information in the investigation or assessment.

The members recommend that guidelines be developed by DSS, private providers, state agencies, OFC, and the District Attorneys, regarding the definition of, and relevancy of, the caretaker role in cases of child maltreatment, especially as it concerns criminal statutes relating to children. The members recommend that persons other than caretakers, who are suspected of the abuse, be directed to law enforcement personnel, District Attorneys, in a timely manner.

The members are concerned about the reason for not supporting a case because the child abuse "threshold is not reached". This term should be defined through conditions under which a threshold is reached or not reached, and just what this threshold consists of by definition or condition. The members will continue to determine what

happens to cases that do not reach the threshold. The same concerns apply to the reason not to support, when allegations cannot be supported within the 10 day time-frame.

The members support Project Protect, by intent, in protecting children from abuse, especially those children who live in situations where there is substance abuse and family violence, but recommend that all safeguards and measures be implemented to preserve due process, ensure civil rights, the provide adequate and equitable services to families in need. Conditions should be outlined, and procedural guidelines should be developed, to ensure that rights are protected and children are safeguarded.

The members are concerned about the possibility, as reported to the Special Subcommittee, that DSS is only processing critical cases in for investigations. If this is the case, other cases of potential or actual child abuse or neglect may be allowed to continue, and a child placed at risk for continued abuse. This area needs further study and evaluations.

Biological parents should be informed when a child other than their own, living in the same foster home, has died from abuse, or has suffered a serious injury, or has a supported case of abuse. Biological parents should be informed of the same conditions, through a notification process, for their own child. A bill was filed to this effect, and became part of Chapter 474 of the Acts of 1990.

E. Removal of Children from Their Homes; DSS; Courts.

Issues involving removal of children from their homes, and how children enter the foster care system, is discussed in Section II of this report, The Foster Care System. There are aspects of the child abuse investigation system, and the removing of children from their homes, that warrant further discussion in this section, particularly as there has recently been a Supreme Court Decision that provides for a stricter standard for the removal of children from their homes in cases of child maltreatment.

Chapter 119:51B, states provisions by which the Department responds to, and investigates, reports of child maltreatment. Some of the response options of the Department, or duties of the Department, as they relate to the removal of children, are:

- Take the child into immediate temporary custody if the department has reasonable cause to believe

that the removal of the child is necessary to protect him or her from further abuse or neglect. The Department shall make a written report stating the reasons for the removal.

If the child is taken into custody, the department must file a petition on the next court day.

- To offer the family of the child appropriate social services to prevent further injury, safeguard the welfare of the child, and preserve and stabilize the family life whenever possible.

If the family declines or is unable to accept or participate in the services, the department may file a petition requesting the appropriate order with reference to the care and protection of the child.

DSS' regulations, 110CMR, 4.29, state, "emergency removal pursuant to MGL Ch. 119, s.51B is an extreme measure requiring dire circumstances. Before arriving at a decision to effect an emergency removal, the investigator shall consider the harm to the child that such removal inevitably entails." The regulations outline the steps to be taken:

1. A child may be immediately taken into custody by the social worker if, after viewing the child, the social worker finds reasonable cause to believe:
 - that a condition of serious abuse or neglect exists;
 - that, as a result of that condition, removal of the child is necessary in order to avoid the risk of death or serious physical injury of the child, and
 - that the nature of the emergency is such that there is inadequate time to seek a court order for removal under MGL, Ch. 119, s.24.
2. If an emergency removal occurs, the removing social worker shall on the next working day make a written report which shall state the reasons for such removal, shall be counter-signed by the Area Director, and shall thereafter be filed in court together with a petition pursuant to MGL, Ch. 119, s.24.

According to DSS, the first goal is to "keep families together. DSS does intervene with good, supportive services, but there are not enough services in the first instance. DSS must balance the rights of parents and families with the need to protect children."

The Department also states that it usually does not remove children from their homes based on a single incident, and that it's decision to remove children is based on a range of factors.

By statute, children in the care or custody of the department shall be placed in private families, or in a public or private institution or school, if the child, upon examination, is found to be in need of special care, treatment or education. "The reasons for the placement of any such child shall be entered in the records of the department". The Department is to consider all factors relevant to the child's physical, mental and moral health, when placing a child in family home care.

According to information received by the Special Subcommittee, DSS does have statistical data on the numbers of children removed from their homes, but does not keep any statistics or data on the reasons that children are removed. The Department states that it "looks for a pattern". In approximately 90% of neglect reports, the mother is named as at least partly to blame for the neglect. However, advocates argue that often a neglect problem is actually an economic problem, and that, at times, DSS wrongly accuses mothers of neglect for failing to provide a child with an environment that may go beyond their financial means.

The members also heard that, at times, social workers with a large number of cases might remove a child because they cannot properly and adequately monitor the child's home. A problem frequently encountered is that in cases when a mother's partner is accused of the abuse, the child is taken from the mother, even in cases when she has not been in collusion with the abuser.

Persons testifying before the Subcommittee stated that children are often removed for social problems, and that there is not enough support for families in their own homes. Problems associated with policies affecting low-income families are discussed on page 113.

These family situations often need immediate supportive assistance to meet the problems or crises, rather than a removing of the child from his or her home. Other states are modifying their approaches to these family crises by "removing the risk" rather than the child. This area is further discussed at the end of this section.

The members also heard that, at times, DSS removes children from their homes and takes custody because there are not any openings in servicing agencies. As there are waiting lists for many services, a child could therefore be taken out of his or her home and placed back into the home when there is finally a slot in a program. The Department denies this allegation, and states that it only removes children who are at-risk for abuse or neglect, or abusive conditions.

The finalized standard of removing children from their homes through a Care and Protection proceeding became "parental unfitness" in 1981. Douglas Warren Sears presents a discussion on this standard and its evolution through case law and

practice in his article, "The Development of the 'Unfit Parent' Decisional Standard in Massachusetts Care and Protection Cases: 1975-1987", Parts 1 and 2, in the September, 1987 and January, 1988 issues of The Mass. Family Law Journal.

The author presents a discussion of the standards used in Care and Protection cases: the "best interests of the child", and "parental unfitness". The author states that these two standards do not always operate on two separate planes, but together are "cognate and connected". While case law and practice have determined that the unfit parent standard is to be used as a decisional standard in the courts, there is no standard for termination of parent-child relationships in Chapter 119 of the Mass. General Laws. Both guardianship and adoption procedures do have statutory standards to be applied in these situations. The article also asks the question, "are different results obtained through separate standards"?

In 1975, a case involving the New England Home for Little Wanderers showed how an involuntary adoption could result from a parent's voluntary and temporary placement of a child in foster care. In 1981, a case involving the Dept. of Public Welfare and a minor held that the unfit parent standard was to apply in all care and protection cases in the courts, though this standard has yet to be clearly and specifically defined. The article states that "decisional law in Care and Protection cases has not evolved systematically in Massachusetts". As a result of these two cases, the unfit parent standard - a standard that provides more protection to the rights of the parents and the child - is now the standard for decisions in Care and Protection cases in the state.

A Supreme Court decision in July of 1990, changed the standard by which children in Care and Protection cases could be removed from their homes, based on child maltreatment allegations. The decision was a civil action commenced in February, 1989, and was titled, "Care and Protection of Robert and others", Suffolk, March 7-July 16, 1990. The case was brought by the father of eight children named in a C & P petition filed by the Department of Social Services, seeking temporary custody of six of the children to the Department. The decision states that there are two interests to be balanced in any decision regarding Care and Protection proceedings, family stability and protection of children from abuse. This opinion established criteria for the temporary removal of children from their homes.

There is a three part process by which DSS intervenes in C & P proceedings involving children who are alleged to have been abused and/or neglected. The process consists of:

- a. an emergency hearing, when the court needs to find only "reasonable cause" to believe a child is in

- danger and should be removed from his/her home.
- b. a second hearing within 72 hours to determine whether this action should continue until social workers complete a more extensive investigation.
 - c. once the investigation is over, the court must have "clear and convincing evidence" to keep the child away from his/her family and out of the home.

The SJC decision found that there was no standard to be applied to the 72-hour intermediate hearing and that the threshold should be a stricter standard. The court found that there should be a standard to be applied between the "reasonable cause" in the first stage, and the "clear and convincing" evidence in the final stage. The court therefore established an intermediary standard - "for a parent to be without custody of a child after the 72 hour hearing, a "fair preponderance of the evidence" must support that decision. For the final decisional stage of the process, the court stated that Federal and State Constitutions require the application of the "clear and convincing evidence" standard to a proceeding which can result in a parent's loss of custody of a child.

The members of the Special Subcommittee have filed a bill for the 1991 session, "An Act Relative to the Removal of Children from their Homes, and to the Reunification of the Family". The bill would amend Ch. 119, s.29B by requiring DSS to submit to the court an assessment of specific measures taken to ensure that reasonable efforts were made to maintain the child in his or her home prior to removal. If the child has been removed, the Department must submit an assessment of reasonable efforts made to ensure reunification of the family. Standards and procedural guidelines are to be developed and applied by DSS. The guidelines shall contain, among other components, the specific conditions under which the child was removed, intervention and servicing procedures used by DSS, and other such factors outlined in the bill. (See appendix) The plan for determination of the future status of the child is to be filed with the court by DSS, prior to the hearing.

Nationwide, increasing caseloads are forcing social workers and social services agencies to shift their focus from so-called "borderline cases" to crises intervention. Many agencies working in the child protection areas are crisis-oriented.

Nationally, many states are turning to alternative models in their approach to family dysfunctioning and abusive family patterns. Ten states have adopted programs, laws, and policies addressing the principles of Family Preservation Services. Ten other states are considering the adoption of such programs. According to an article in State Legislatures, May, 1990, "Treating the Whole Family", "the emphasis is on the removal of

risk rather than the child. The programs seek to modify the home environment or the behavior of other family members so that it is at least as safe for the child to remain at home as it is to have the child removed." The goal of these programs is, "rather than breaking families apart in order to treat them, intensive family preservation services seek to protect the child and heal families by keeping them whole." Thus far, the costs of providing these programs are substantially lower than those of providing foster care, especially given the shortages of quality foster homes. Findings so far indicate that these programs are effective with drug-abusing families and families with a range of problems.

Family Preservation Services "offer a solid alternative as policy makers re-examine the best use of limited resources to meet the escalating protection and treatment needs of families in crisis. It offers a cost-effective and practical strategy to help our most vulnerable children and families, keeping them safe and together." Reviews of current programs indicate that these programs are better than the adversarial approach currently used in servicing families, which often creates tension and conflicts. Standards for removal are preceded by risk assessments of the consequences of leaving the child or children at home, or removing them from their families.

E. RECOMMENDATIONS: REMOVAL OF CHILDREN FROM THEIR HOMES; DSS; COURTS.

Recommendations stated in other sections of this report relating to the decision to remove children from their homes are applicable here.

As removal rates of children are high in Massachusetts, the members request that a review of all DSS policies and procedures involving removal/placement/reunification take place.

The members support the premises in programs involving family preservation services, and recommends that these programs be studied for feasibility and applicability for use in the Commonwealth.

As previously stated, the members recommend that all practices of removing children from their homes for reasons of poverty, immaturity, lack of parenting skills, and other reasons, cease immediately, and that a more concerted effort be made to emphasize family preservation and prevention of removal. Removal of children should be conducted only when all other recourse has been exhausted and there are distinctive and defined conditions of abuse in the family, or household.

The members recommend that the Department initiate a system of data collection which states categories of reasons that children are removed from their homes, and the documentation used to substantiate the decision to remove, or to allow the child to remain in the household.

The members recommend that, particularly in cases of neglect, that the Department, in the first instance, decides on a constellation of services to address the needs of neglect, and that emphasis be placed on conditions that would prevent removal.

The members recommend that, when a child is being abused by someone other than a parent, the child should not be removed from the parent, especially when the parent is not in collusion with the abuser. In such cases, parents should receive supportive services in the home, and the risk to the child should be removed, but not the child.

The members support the SJC decision discussed on pages 291 and 292, that the standard of "fair preponderance of the evidence" be applied to the 72-hour hearing on petitions for removing the child.

The members will work toward the passage of the bill filed by the Special Subcommittee, which requires DSS to submit to the court assessments of conditions, with accompanying uniform standards and guidelines, under which reasonable efforts were made to prevent removal, or reunification efforts after a child has been removed.

Parents and others in caretaker roles, should be informed of all rights, due processes, appeals procedures and other avenues of recourse when they are declared to be alleged perpetrators. The Department should consider that when such persons are informed of the nature of the 51A, they should also be informed of the conditional allegations against a particular accused perpetrator.

F. Appeals; Fair Hearings; Due Process.

Appeals processes and fair hearings procedures have been discussed throughout this report. The Mass. Special Commission on Violence Against Children issued its final report in May of 1989, "Subcommittee on Substantiation Review, Fair Hearings for Alleged Perpetrators, and Central Registry." The members support the findings contained in this report, however, the members are concerned about the areas discussed in this section.

Information received by the Subcommittee indicates that few alleged perpetrators pursue fair hearings. In 1987-1988, only 14% of those eligible to request a fair hearing did so; 63% of allegations were upheld, and 37% were reversed. Of those reversed, reasons given were only that new information was provided at the fair hearing that reversed the decision. No conditions under which the new information was received, or why it was not available during the investigation, are given.

The Department, at the request of the Subcommittee, provided information on appeals by alleged perpetrators, for 1987 and a 7 month period in 1988. The members are currently updating this information.

		#Appeals Conducted	#Upheld	#Decision Changed	#Decision Reversed
1987	14,329	194	104	86	4
1988	3,953	134	84	41	9

(7 mos.
only)

The Department's Administrative Review and recommendations by the Subcommittee are discussed in the previous section.

The members requested information from the Department on Fair Hearings and Grievance Procedures. The following information was provided:

A fair hearing is an opportunity to dispute certain Department of Social Services decisions or actions. A fair hearing may be requested if:

- a. A consumer wants to appeal the Department's record of their name as the caretaker who allegedly abused or neglected the child.
- b. A consumer wants to appeal the supported findings of an investigation of child abuse and/or neglect in an ongoing case or a foster home.
- c. A consumer has requested, but has been denied, services; or a consumer has requested more services, but has been denied them.
- d. A consumer disagrees with the amount of a fee being charged for services.
- e. A consumer did not receive notification from the Department about services that were reduced.

A Grievance is a written complaint about the area of regional office of the Department that made a decision with

which a consumer disagrees. Disputes listed under fair hearing, and disputes about any child abuse and neglect investigation decisions, cannot be subjects of a grievance. All other complaints may be appealed through the grievance process.

A study by DSS, conducted on the appeals process, found that, of the 310 appeals studied over a 15 month period, hearing officers rules that removal of adult names from the central register was warranted in 70 cases, or about 22% of the cases. In about one-third of the 70 cases, DSS requested that the names of the adults be removed after learning new information.

Critics of the investigation systems and process state that the system is arbitrary, denies the accused their rights, has no legal standards as to what constitutes abuse, and gives DSS too much power and authority in abuse/neglect cases. DSS denies these allegations, and states that it does provide and afford all due process and rights to the accused. However, others state that affording due process and rights to the accused is not a prerogative of DSS in the first instance.

F. RECOMMENDATIONS: APPEALS, FAIR HEARINGS, DUE PROCESS.

The members recommend that alleged perpetrators be informed in writing and in person of their rights, including those to a timely fair hearing, and exactly what this involves. The members would recommend that an advocacy program be established that would be supportive of the family, children, and could advise the perpetrator of their rights. However, due to fiscal constraints, this is not feasible at this time.

In cases where decisions are reversed, DSS states that new information emerged that changed the original decision. The members are concerned about whether or not this information would have emerged if the alleged perpetrator had not appealed, and about what constitutes "new information". The members are concerned about why this information was not available in the first instance. The members recommend that this area be comprehensively reviewed, and that corrective measures be put in place.

According to figures from the Department, in 1987, of the appeals conducted, little more than 50% were upheld, indicating that there is a large margin of error in the Department's procedural decision-making with regards to the guilt/innocence of the alleged perpetrator. Legal decisions such as these warrant further concern that DSS does not have the legal ability to make these determinations, and should not have the authority.

The members recommend that the review process be streamlined and facilitated, especially when decisive information develops early in an investigation.

The members recommend that parents, or caretakers, who are alleged caretakers, have broader appeal rights, and that the avenues of appeals be conducted in a timely and definitive manner.

There should be mechanisms built into the appeals systems that provides for immediate recourse and streamlined procedures for those who are wrongly accused, and for those who are not active or passive accomplices to the child maltreatment.

G. THE ROLE OF DISTRICT ATTORNEYS IN THE CHILD ABUSE REPORTING AND INVESTIGATION SYSTEM.

Chapter 119, s.51B, Physically or emotionally injured children; duties of department, states the duties of DSS in response to reports of abuse or neglect. One of the duties is to report certain cases to the District Attorney of the area in which the child lives or the abuse incident occurred. Clause 4 states the duties of the Department in these cases:

notify in writing the district attorney for the county in which the child resides by transmitting to such district attorney a copy of a report required under section fifty-one A and this section if, after an investigation and evaluation undertaken pursuant to clause (1), the department has reasonable cause to believe that any of the following conditions has resulted from abuse or neglect:

- a. a child has died
- b. a child has been sexually assaulted, as set forth in sections 13B, 13H, 22, 22A, 23, 24, and 24B of chapter 265 or section 35A of chapter 272;
- c. a child has suffered brain damage, loss or substantial impairment of a bodily function or organ, or substantial disfigurement;
- d. a child has been sexually exploited, which shall mean encouraging a child to engage in prostitution as defined in sections 4A and 4B of chapter 272 or in the obscene or pornographic photographing, filming, or depicting of a child as defined in section 29A of chapter 272; or
- e. a child has suffered serious bodily injury as the result of a pattern of repetitive actions by a family member.

Within 45 days after the notification to the D.A.'s, the Department must further notify the D.A.'s of the service plan, if any, that has been developed for the child and family. No confidentiality provisions shall prevent DSS from submitting this information to the District Attorneys. No person providing information to the District Attorney shall be liable in any civil or criminal action.

The statutes listed on the previous page as reportable conditions to the District Attorneys, relate to two criminal statutes in the Mass. General Laws. These chapters and the relative sections are stated below:

Chapter 265:

- s.13B: Indecent assault and battery on children under 14
- s.13H: Indecent assault and battery on children 14 and over
- s.22 : Rape
- s.22A: Rape of children under 16
- s.23 : Rape of child-penalty
- s.24 : Assault with intent to commit rape
- s.24B: Assault on child under 16 with intent to commit rape

Chapter 272:

- s.4A,B: Encouraging a child to engage in prostitution
- s.29A: Obscene or pornographic photographing, filming, or depicting of a child
- s.35A: Unnatural and lascivious acts with children under 16

The members are concerned about issues involving the investigation of allegations of criminal acts against children by the Department of Social Services. Substantial time delays occur during the DSS investigation, especially with the new 45 day administrative review of supported cases, before the District Attorneys initiate their investigation. As related to the Special Subcommittee, this often causes delays in the beginning of an investigation, a critical period of time for establishing the conditions in which abuse occurred, the nature of the abuse, the identity and role of the perpetrator, and other information vital to the accurate, efficient and effective investigation and processing of child maltreatment cases. By the time D.A.'s receive notification and begin their investigation, evidence, circumstances, and information are "old" or outdated, persons have moved, the child's condition has changed, and other problem areas. As previously stated, DSS social workers are often unskilled in legal investigatory procedures, and therefore evidence and conditions are often compromised before criminal justice investigations begin.

In addition, the members were informed that frequently District Attorneys may be criminally investigating cases while DSS is providing services to the subjects of the investigation. Also, DSS' General Counsel attorneys may decide on which cases proceed to the District Attorneys and which do not, without any independent or alternative opinions sought, or cooperative efforts implemented during the investigation.

While the members support the practice of DSS offering services to families, in many cases at the outset of a report, and that providing support to families during periods of crises, dysfunction, environmental, social, and economic stressors, and abusive conditions is a primary goal of DSS and other state systems, there are certain types of maltreatment of children that should include the local police and district attorneys at early and immediate points of entry into such cases. A conflict arises over the fact that cases of child maltreatment involving criminal allegations in violation of criminal statutes are often processed through a civil procedure established under the auspices of DSS through the civil statute, Chapter 119, Care and Protection of Children. The two statutes that contain provisions of criminal acts against children are Chapter 265 and Chapter 272, previously discussed. If acts committed against children under these statutes were committed by persons other than caretakers, or were committed by strangers or persons unknown to the child, they would be prosecuted through the criminal justice system. While the members recognize and support the Department's provision of services, to children and families as a priority, and the premise that many of these cases should not proceed through the criminal justice system, there are specific cases of such severity and conditions of such endangerment, that due process through the criminal justice system should immediately take place.

The members recommend that there be an immediate evaluation of these problem areas and areas of questionable jurisdictions, to identify areas where there should be cooperative investigative procedures, interagency policies and practices, inter-systems exchanges of information and procedure-sharing, joint jurisdictions as they relate to civil/criminal statutes, and other such corrective measures that provide a basis of differentiating cases that should proceed through the joint avenues of civil and criminal and those that should proceed through separate tracks of civil and criminal processes.

In 1989, Chapter 560 was passed, amending Chapter 119, s.51B, to state that DSS must forward to the local police department a copy of the report provided to the District Attorney. The members support the early inclusion of law enforcement authorities in certain cases of child maltreatment.

The Department of Social Services has stated that any individual who physically abuses or sexually assaults a child has committed a serious crime. While recognizing the continuing urgency of providing appropriate and timely services to meet the needs of families, and of balancing the servicing of children and families with the protection of the child, and of the appropriate direction of certain cases through the criminal justice system, the members remain concerned about the interrelationships involved in the social servicing/protective systems with the criminal justice systems, with the child at the central focus of these two systems. As previously stated, the time lags or delays that often occur between the filing of the 51A, the DSS' investigation stages, and decision-making process in DSS General Counsel, and the reporting to District Attorneys and the local police, evidence may be destroyed, damaged or lost, the statement or testimony of the child may be tainted, the offender may have time to come up with an alibi, and other vital information may be compromised.

While the Department states the above premise, statistical analyses and information provided to the Special Subcommittee does not support this contention. Information analyzed by the members, coupled with information provided by DSS and District Attorneys, indicates that approximately 90% of the cases forwarded to the District Attorneys are for sexual abuse, while approximately 10% are for physical abuse. Descrepancies in the numbers of sexual abuse cases, physical abuse cases, and other cases processed by DSS and forwarded, or not forwarded, to the District Attorneys, is discussed in Section IV. According to Chapter 119, one of the instances of conditions reportable to the District Attorneys is when, "a child has suffered serious bodily injury as the result of a pattern of repetitive actions by a family member". According to District Attorneys who have provided invaluable input to the Subcommittee, an impediment to their receiving serious cases of physical abuse is the part of the law that states these cases are only reportable when there is a repeated pattern of abuse by a family member. This implies that DSS must wait until a child has been repeatedly abused by a family member, no matter how severe the abuse, or how harmful or dangerous the abuse inflicted on the child has been.

The members have worked with District Attorneys to amend Chapter 119, s.51B, to ensure that serious cases of physical maltreatment of children will proceed immediately to the District Attorneys through a dual notification procedure. House 388, filed by the Special Subcommittee, provides that within 24 hours of receiving a report of abuse, DSS shall notify, by telephone, the District Attorney that such abuse has been reported to DSS, and that the Department has reasonable cause

to believe that a child has suffered serious physical injury or abuse. Within 48 hours, DSS must communicate to the D.A. a written conformation that such abuse has been reported. The bill amends the current statute, s.51B(4) by striking out the section and adding:

- a child has suffered serious physical abuse or injury such as:
 - a fracture of any bone, subdural hematoma, burns, impairment of any organ, or any other nontrivial injury
 - an injury requiring the child to be placed on life-support systems
 - any soft tissue swelling or skin bruise, depending on the child's age, the circumstances under which the injury occurred, and the number and location of the bruises
 - any other disclosure of serious abuse involving physical evidence that may be destroyed
 - any current disclosure by the child of sexual assault where any physical evidence may be present
 - any disclosure by a child that he or she was shown photographs, movies, or videotapes depicting sexual conduct
 - any injury where the child has previously been the subject of a substantiated report of abuse of any type.

While some of these conditions are contained in the DSS' regulations, they are not contained in any statutes, with the exception of "a child has suffered brain damage, loss or substantial impairment of a bodily function or organ, or substantial disfigurement". The members have worked closely with several offices of the District Attorneys to draft this part of the legislative proposal. Several District Attorneys statewide have participated in discussions, and have communicated drafting language to the Subcommittee. The members will continue to work closely with the District Attorneys statewide to obtain passage of this legislation.

The Special Subcommittee supports the timely and coordinated use of multi-disciplinary teams in the reporting and investigation stages of the process. In certain instances, such as a child fatality from abuse, or serious physical injury, there are no provisions for independent and impartial child protection review or multidisciplinary teams to investigate or review the conditions or circumstances surrounding the death or serious injury.

Chapter 119, s.51D, states that each regional director shall, in cooperation with the appropriate district attorney, establish one or more multidisciplinary service teams to review the provision of services to children and their families who are the subject of such reports. The statute outlines who shall participate in these teams. The directive to the teams is to review and monitor the service plan with regard to its effectiveness in protecting the child from further abuse or neglect. The team makes recommendations for revisions in the service plan, advises on the prosecution of members of the family, and discusses the possibility of diversionary alternatives. If the teams find that services are not provided to the family, the case shall be referred to the interagency's children's services team established in Ch. 28A, s.6A. The teams have access to the service plan and data that does not violate current laws. The team may report to the district attorney the information that the family has failed to participate in the plan. The regional director is to file a monthly report on the activities of the team. These teams focus on the provision of, and effectiveness of, services to families and children, and are not necessarily involved in the investigation process, except in an advisory capacity. While district attorneys may be involved in the teams, these service teams also must report to the district attorneys. Therefore, it is unclear exactly what the interactive roles are between these teams and the teams or investigative units in the district attorneys. It is also unclear what guidelines and uniform standards monitor the activities of the teams.

Several District Attorneys in the state have developed and implemented multidisciplinary teams, or investigative units in their offices. In Middlesex County and other locations, District Attorneys have established Sexual Abuse Investigation Networks (SAIN). According to the former Middlesex District Attorney, "the SAIN team, adapted from a model program in Springfield, is based on the philosophy that a simultaneous, coordinated, and multidisciplinary approach to investigating allegations of child sexual abuse will reduce the trauma experienced by the child victim and her/his family."

The bill filed by the Special Subcommittee, House 388, contains a section directing the District Attorneys, if deemed appropriate, to convene multidisciplinary teams, child protection teams, or other such persons, in cases of child fatalities or serious physical injuries to children. The District Attorneys are to designate a person or persons to receive the reports from DSS during cases requiring dual notification. The District Attorneys are required to develop a uniform protocol to be used as a guideline for the conducting of autopsies on children who have died from abuse, and during the reporting and investigation of child maltreatment cases. All reports are to be made available, in a timely manner, to the

District Attorneys and the child protection or multidisciplinary teams.

A Child Protection Team Directory has been published by Matthew E. Cohen of the Univ. of Massachusetts Medical School in Worcester. The Directory, "Hospital-Based Interdisciplinary Management of Child Abuse and Neglect in Massachusetts", provides a comprehensive list, by areas of the state, of the programs used in hospitals to provide child protection teams that study cases of child maltreatment presented at the hospital. The directory describes the team, its functions, referral sources, and composition of the teams.

The Special Subcommittee has filed legislation, House 332, that would recodify all statutes relating to child maltreatment into one cohesive uniform code, Crimes Against Children. The bill does not alter any penalties currently in law, but does create a new statute, Chapter 265A, and brings all existing sections of law into one code. The bill also cross-references all statutory codes and sections that would be affected if the bill were passed and the new code enacted.

G. RECOMMENDATIONS: THE ROLE OF DISTRICT ATTORNEYS IN THE CHILD ABUSE REPORTING AND INVESTIGATION SYSTEM.

The members are reviewing the interactions, relationships, and relevancy of Chapter 119, sections 51A-F, which are civil statutory sections, to certain sections of Chapters 265 and 272, which involve crimes against the person, some relative to children. The members recommend that there be established mechanisms to ensure that cases that are criminal by statute, be processed judicially, in an expedient manner, and that law enforcement personnel and District Attorneys be involved in cases at appropriate times.

The members recommend that, in cases before the DSS' General Counsel, these cases be reviewed by independent persons during the decision-making time, either from local law enforcement authorities, or from the District Attorneys. The members are concerned about the autonomous decision-making involved by the General Counsel on cases that involve only DSS' investigation, and do not include participation by other criminal justice persons. This participation would also aid in the adequate preparation of cases that proceed through the criminal justice system.

There should be an involvement of multidisciplinary teams, or child protection review teams, early in an investigation in certain cases of child abuse. These

teams should be uniformly utilized in a timely and coordinated manner, in both DSS and in the offices of the District Attorneys. In certain cases, there should be impartial and independent review teams established to investigate.

The role of the District Attorneys should be further developed, with emphasis on early entry into a case of reported child abuse, in certain specific cases, such as child fatalities, or serious injuries to children from abuse or abusive conditions.

Since physical abuse cases are not being reported to the District Attorneys, and are therefore not being prosecuted, there should be dual notification simultaneously to DSS and the District Attorneys, at the time of the report. Specifics are contained in the bill filed, House 388. The bill further defines conditions of abuse or physical injury that should be reported to D.A.'s. The use of protocols for efficient procedures for reporting and investigation are also recommended to District Attorneys.

The members recommend that the Department of Social Services and the District Attorneys define and delineate the interactive roles and functions of persons investigating child maltreatment, including multidisciplinary teams, in order to streamline the investigative process, and improve the concerted efforts to investigate reports.

The timing of entry of police officers and law enforcement personnel in certain cases of abuse remains an area of concern. While a recent amendment states that local police should receive a copy of a report to the District Attorneys, the members support an early entry of police officers and law enforcement personnel in certain cases, at the time of the report. In other cases, early entry at the initiation of the investigation is a recommendation.

H. THE CHILD AS A VICTIM-WITNESS.

While this area is not within the purview of the mission of the Special Subcommittee, there are some areas to be discussed here.

In 1985, a law was passed that allowed children who had been victims of child maltreatment, to testify on their own behalf through the use of videotaped testimony, or through closed-circuit statements televised into the courtroom. The law, Chapter 278, s.16D, allows the defendant to view the testimony through a two-way mirror, and allows the defendant's attorney to be present during the taking of the testimony.

The law states that the defendant can be present at the taking of the testimony, unless a court's order is based wholly or in part upon a finding that the child would suffer trauma as a result of testifying in the presence of the defendant. The videotape, film or transmission of testimony taken is then admissible as substantive evidence to the same extent as any other evidence. Other conditions of the quality and use of the videotape or film are stated in the law. The law preserves the rights of cross-examination, due process, and representation by an attorney.

In 1988, parts of this statute were stated as being unconstitutional in the Bergstrom case decision before the Supreme Judicial Court. While the court stated that the defendant must be present during the taking of the testimony, the remainder of the statute remains intact, and still exists in Mass. General Laws. As previously stated, the statute already provides for the taking of the testimony of the child with the defendant present. Videotaping and filming of the child's testimony is currently used, but alternative means of taking the child's statement have also been developed and are being used.

A recent Supreme Court ruling at the federal level upheld the use of taking the child's testimony through filming, videotaping, and other similar means. The decision will let states use these techniques to protect minors from a face-to-face confrontation with their accused abusers. The decision states that the arrangements contained in the law satisfied the demands of the Sixth Amendment.

In 1990, An Act Authorizing the Admissibility of Out-of-Court Statements of Child Abuse Victims, was signed into law and became Chapter 339. The law allows for children's statements made to another person outside of the courtroom, concerning acts of abuse committed against the child, to be admitted into court procedures as evidence. The person to whom the statement was made must testify in court as to the statements the child made, and the child must appear, or unavailability of the child must be substantiated. The child may also not have to appear in court if emotional trauma would occur, or if the child is not competent to testify. Other conditions are specified in the law.

The members of the Special Subcommittee have filed a bill for the 1991 legislative session, relating to the taking of the child's testimony by videotape or film or other similar means. The bill, House 1027, would amend the state Constitution by striking out the words, "to meet the witnesses against him face to face", and substituting the words, "to confront

the witnesses against him". The Massachusetts Constitution calls for a face to face confrontation, which was the basis for the decision to declare parts of the Chapter 278, s.16D to be unconstitutional. The U.S. Constitution does not contain such words, and the amendment proposed by the Subcommittee would place the state Constitution more in conformity with the U.S. Constitution, and thus would allow for more flexibility in any future decisions regarding the taking of children's testimony.

The second section of the bill, House 1027, would provide, "every right and guarantee of this article shall be interpreted liberally in any criminal prosecution involving children either as witness or defendant."

The following pages contain summaries of cases either provided to the Subcommittee, or obtained by the Subcommittee, or are recent cases brought to public attention. They are presented to illustrate problem areas identified in this report, and to support recommendations offered by the Special Subcommittee.

It has been the intended mission of the Special Subcommittee on Foster Care to raise issues, questions, and concerns about policies, procedures, practices, regulations and statutes relating to the foster care system and child abuse reporting and investigation system in general, and in their application in particular to the lives and deaths of Henry Gallop and Arron Johnson, and to other children who have been victims of child maltreatment, and/or who are living in foster care. The intent and mission of the Subcommittee is to promote change and improvement, and to enhance support systems and services needed by families, and by foster families who are willing to commit themselves and their resources to caring for children in need. The intent and mission is to formulate positive recommendations to incite the development and implementation of improved and enhanced foster care systems, the delivery of services to those in need, the child abuse investigation system and the functioning and performance of state agencies serving those in need.

The intent of this report has been to identify problem areas and form general and specific recommendations to address and remediate the problem areas. It is intended to incite state systems to conduct internal reviews of their mandates, and make immediate accommodations and improvements to ensure that children in the charge of these agencies are fully cared for and protected.

It is hoped by the members that, through their efforts, the goals of this mission have been fulfilled, and that initiatives stated in this report will prevent further tragedies and maltreatment of children, and will promote improvements to care for, protect, and enhance the lives of all children.

CASE SUMMARIES

BY

DARCY SMITH
LEGISLATIVE AIDE

STUDY #2

SPECIAL NEEDS CASE A

SUMMARY

Case involves heavily stressed family system, in total two parents and ten (10) children; (biological, foster, and adopted). Family unit includes special needs children receiving specialized foster care for serious medical conditions like spina bifida and osteoporosis. Other foster children were previously sexually abused and need special care due to this abuse. This foster home is well known to social service agencies...having provided foster care for fifty (50) children for over twelve (12 years).

Problem Areas:

/Foster Care involvement from multiple agencies...D.S.S. Malden, D.S.S. Quincy, D.S.S. Plymouth and Mass. Society for the Prevention of Cruelty to Children, (MSPCC).

/Each foster child had a different DSS Social Worker...from differing regional offices, foster care cases were not managed in tandem. Upon filing of 51A.....removal of children was uncoordinated and separately timed. Foster parents maintain that a foster child NOT named in 51A report was removed; while child alleged to be abused was left in the home! D.S.S. action seems arbitrary and without forethought in context of allegations.

/Appropriateness of the presence of adult biological children of foster parents residing in the home...one adult child in her twenties lived at parents home with her own newborn baby. Problems surrounding this situation included jealousy between this woman and foster children. This woman's strong non-acceptance of the foster children lead to a suspicion that she filed the 51A against her parents shortly after moving out....as a form of revenge...method of removing foster children permanently? Timing of this 51A came just days after her departure. No clear policy for extended family (adults) who live in the foster home. Were CORI checks performed?

/Baby-sitting provided by 11 1/2 year old, 14 1/2 year old and 18 year old biological children.....was specifically cited as a neglectful situation. Many foster care cases have included this scenario of frequent parental absences featuring older children as babysitters. Dept. is inconsistent in defining "appropriate" baby-sitting situations...ages of children and duration acceptable to the DSS agency.

/No thorough attempt to access historical information on this foster home occurred once the first accusation of child abuse was filed with authorities.

No endeavor to research the case was undertaken; despite the fact that over a seven (7) year time span: multiple home visits, reference checks and contacts with medical providers at various hospitals and treatment facilities and social workers partially documented the quality of care the foster parents had rendered special needs children....Seemingly, the allegation of abuse erased the historical perspective concerning the merit and character of these foster parents.

/A medical professional at Boston Children's hospital was OUTRAGED that DSS had not contact his office in light of the serious allegations concerning this couple. The physician stated that DSS had routinely contacted him when other cases involving his patients well-being were under investigation by Dept. officials. Note: pertinent information regarding the medical history of these exceptional children with conditions like spina bifida and osteoporosis seems to be warranted... fragile bones can accidentally break and/or bruises can occur...without the presence of neglect or physical abuse...particularly where individuals with such abnormalities are concerned.

/Confusion over DSS regulations regarding alleged perpetrator designation (Oct. 1986) and listing in the Central Registry. 110CMR 7 203 (4) stated that adoptive parents can not or are categorically suspended or excluded from pre-adoption status and re-apply for standing as foster parents or adoptive parents?

"Adoptive parents must not have been listed as an alleged perpetrator of abuse or neglect in a substantiated report filed with the Department filed under MGL C. 119 51A."

Confusion existed over whether this regulation forces the foster parent to permanently forfeit pre-adoptive status? The mere accusation of child abuse can destroy a long-term foster care placement. The ultimate victim is the child....forced to seek another adoptive parent or foster home. The child involved in this report had been placed from birth with the same foster family.

/Inexperienced MSPCC social worker conducts 51B investigation (Assessment Report) Total experience was less than one year...Critics leveled that this social worker's lack of field experience lead to the following narrow focus of a self-imposed nature.

"This worker further acknowledged that she would not and could not attack the substantiation decision made by the 51B investigation. Consequently, it was acknowledged by this inexperienced worker...that she ASSUMED all of the allegations to be TRUE and CORRECT during the "assessment period".

/Foster parents' lawyer also points out differing or conflicting information regarding the regulation on adoption rights of those once listed as alleged perpetrator of child abuse. (CHURCHWELL v. M. Matava; Supreme Judicial Court 87-5.) "A substantiation decision on a child does not affect whether the parents or caretaker of that child may be approved as an adoptive or foster parent by D.S.S.", Commissioner Marie Matava.

/Apparently an amendment of D.S.S. regulation occurred during the length of this 51B investigation, but the amendment was not well understood by the parties involved. The amendment occurred on 11/16/87, Reg. 7.104 (4).

CASE #3
SPECIAL NEEDS CASE B

SUMMARY

This foster care placement arose when a 17 year old Down's Syndrome young woman from a two parent family allegedly was sexually abused by her father. Child was immediately placed with her maternal grandparents in a foster care situation according to D.S.S. policy of placing children with extended family members.

/The Down's syndrome child was repeatedly interviewed by different social workers...some of whom seem to lead the direction of the interview, three social workers concurred with subject's allegation that the father had sexually abused or touched her, although perhaps only on one occasion.

/Controversy arose over the validity of the developmentally disabled young woman's statements. Advocates for the parents maintain that the distinctions between fact and fantasy can be blurred with such individuals. One psychiatrist speculated that this woman was heavily influenced by sexual suggestions made by MTV. No clinical studies on Down's syndrome children as "storytellers" was cited.

/DSS specialist states that this young woman has been sexually exploited many times...and deems this person especially susceptible to sexual abuse ...considering her vulnerable status. Is this statement justified in light of the absence of hard facts to corroborate sexual abuse?

SUMMARY CASE #4

Another large family with several children, foster, adopted and biological. Some foster children were classified as pre-adoptive at the time of the 51A filing.

/An allegation of sexual abuse against the father resulted in his name being listed as an "alleged perpetrator of child sexual abuse".

/A sixteen year old biological son and the foster mother are listed on the original 51A report as a perpetrator of physical abuse. The issue is not pursued with the boy and the mother is never listed as an alleged perpetrator of abuse.

/Several foster care agencies were involved with the family. Catholic Charities, D.S.S. Weymouth, DARE Family Services, Protestant Social Services to name a few. Each foster child has a different agency and worker.

/MSPCC conducted the 51B investigation pursuant to a contract between D.S.S. and MSPCC for the provision of such services. Since investigation involves children in custody of Catholic Charities and other privates...how is MSPCC investigation complicated...issues surrounding confidentiality, agency case practice, etc.?

/One foster daughter, age 5 was told that her adoption would cost too much...as she was in custody of CCB...approximately \$3,000 - \$5,000 was necessary. From case notes..."he noted that it became known at the house that a foster son would be adopted but that the foster daughter could not be due to financial constraints. He described the foster daughter as having insisted that the foster mother write a check so that she could be adopted...because banks had lots of money."

/An allegation of physical abuse against a male foster son was reported because foster parents threatened to spank/discipline children with a belt. This threat was said to "create a substantial risk of physical injury to the boy.":

/Young foster daughter, age 5 exhibited behavioral problems...sexualized behavior, tantrums etc. which her first social worker was aware of...however, social worker at the time of the 51A report was not assigned to this case until late 1986...and then mostly to provide transportation and worked on arranging change of placement.

SUMMARY CASE #5

15 year old girl attempts suicide with 18 baby tylenol...allegations of emotional and sexual abuse against father ensue with recommendation for removal of child from family setting. Girl has four sibling who are believed high functioning and academically bright and socially active.

/Input concerning home environment from two oldest (adult children in their twenties) who live independently from parents away college and medical school respectively; was never sought by D.S.S. Parents think their testimony would be more credible, less likely to be dismissed...as similar testimony of younger children has been. Parents are disappointed that D.S.S. does not interview these adult children regarding their home environment and allegations of abuse.

/Sexual abuse allegations are substantiated due to "separate sleeping arrangements of parents and father's access to his teenage daughter whose room is adjacent on the third floor of the family home. Arguably....this analysis is based on speculation and conjecture.

/Biological mother of this foster child states that D.S.S. social worker is inexperienced...a charge leveled against social workers in previous cases.

/Parents are dismayed that information they submitted to D.S.S. including child's notebook and suicide note explaining her actions were not considered pertinent to the case. Apparently, the parents feel the notes counter allegations against the father as a central figure in the attempt.

/Financial pressure on parents to comply with D.S.S. service plan is based on ability to reimburse with insurance coverage. One therapist at a private counseling agency suggests that the couple bill their own couples therapy to children's names, because their plan is billed to the maximum. (Couple has to explain to therapist that they can not do this without children being present for therapy session.) \$1500 psychological testing evaluation (an out-of-pocket expense) is used as a threat, family is told to undergo testing or risk the loss custody of two younger siblings.

/Therapy healing process is impeded by D.S.S. seeking care and protection order on their child. One social worker maintains that D.S.S. has forced the couple to focus their energy on regaining custody of their daughter....a burden which obstructs the agreed upon goal of family reunification.

/Biological mother is at home full-time and foster mom works outside the home. Questions the wisdom of sending her child into foster care with a woman caretaker who is absent for a job during the day...and yet a foster mom for children in crisis!!

/Allegations of sexual abuse are unsubstantiated by physical evidence. "Although X's symptoms are consistent with repressed sexual abuse, she did not make any such disclosure or show any signs."

/Accusations against the father are all from the events of the distant past....details are vague. Allegations have termed abusive acts like....photographs in bathtub of young children and father's hand on thigh or leg of his daughter; all scenarios that could be argued normal in certain circumstances and under certain conditions.

SPECIAL SUBCOMMITTEE ON FOSTER CARE

OBSERVATIONS OF JUVENILE SESSIONS OF BOSTON JUVENILE COURT
FEBRUARY 13, 1989, Rep. Parente, Rep. Rosenberg, M. McCarthy

First Case before Judge Craven:

The first case was that of a juvenile, 16 years old, who had dropped out of school, was not working, but was attending a Jobs for Youth Program, which had a GED component. The boy was attending this program evenings, but was going to start attending days.

The boy was present in court with his mother, and a companion, an attorney for the boy, and an attorney for the mother, and a probation officer for the boy. Also in attendance was a police officer, who had apprehended the boy.

Over the weekend, the boy had been apprehended for breaking and entering, and had tools for this purpose in his possession. The opinion was that he wanted to break into a car and steal it. The boy also does not have a drivers' license. Since the attorney for the boy was unaware of the most recent arrest, and had not had an opportunity to talk with his client, he requested a recess to talk with the boy and his family. The boy was known to the attorney and to the probation officer for previous appearances in court.

The boy also had a CHINS petition filed on his behalf by his mother, for truancy, but he was not 16 years old, and could drop out of school. He had not attended school very often in the past year. Court recessed, and the boy was released into his mother's custody. It was decided that the hearing would be scheduled in two weeks, and the judge asked the boy and his mother if they wanted him locked up for two weeks, or if he could be trusted to be with his mother, and to appear in two weeks.

Second Case before Judge Craven:

The next case was that of a 14 year old girl, present in court with a friend of her mother's. Also present was a DSS social worker, a probation officer for the girl, and an attorney for the girl.

The judge asked in whose custody the girl presently was, and the girl spoke up for herself. She said her mother was in MCI, Framingham, and she was staying with her mother's friend.

The mother's friend stated that both the 14 year old and her younger brother were staying with her for the time being.

The judge asked how old the mother's friend was, and the woman replied that she was 26 years old. The judge asked the 14 year old where her father was, and she said that she did not

know. The mother's friend stated that both she and the 14 year old were pregnant, and that she wanted to have both children stay with her.

The judge talked with the DSS social worker, and it was decided that custody would be given, through court order, to the Department of Social Services, for placement of the 14 year old and her brother. Case was continued to another date for another hearing. In the meantime, the girl was in the custody of DSS.

Case before Judge Roderick Ireland:

Present in court was a foster mother, a foster care agency attorney, an attorney for the child in foster care placement, an attorney for the child in placement's biological father, and the biological father of the child in foster care.

According to the Judge, the case had been ongoing in the Juvenile court for 4 years. When there was some question about the presence of members of the Subcommittee in the session, due to the delicate nature of the testimony, parties involved conferred. When it was explained that the members had been foster children, and were interested in the needs of foster children, it was decided that members would be able to remain in the courtroom.

The father of the foster child was sitting in the back of the courtroom, and his behavior was erratic, and somewhat disruptive, with interruptions of the testimony, and verbal outbursts. He would sit turned sideways, appear to be inattentive, and would often wave at others in the courtroom.

All of the testimony given was stated by the foster mother who was questioned by the agency attorney, and the attorney for the father. The foster family consisted of the foster mother, foster father, and their 5 year old biological son.

According to the foster mother's testimony, they had had the girl in their home for over a year, and she had been progressing very well, doing well in school, and seemed to be very happy. She and the foster family's son got along very well. The foster family were a pre-adoptive family for the girl. After the girl had been placed with them for a few months, the father was allowed to visit her, according to a court order. During this time, there was an appeal by the girl's mother, but it was unclear as to what was the nature of the appeal. According to the testimony, and the questions of the agency attorney, the appeal process could take a year to 18 months, and this could delay the adoption of the child. The foster mother expressed concern about this.

The foster mother began her testimony, and much of her testimony focused on problems that the family began to ex-

perience with the girl around December and January of 1988 and 1989. Much of the girl's behavior consisted of masturbation, and of "showing our son how to masturbate". The foster mother described a few incidences in their home that had to do with the girl's behavior. On several occasions the foster mother had found her son upset over the girl's actions and things she was saying to him. Some of this behavior had to do with the children removing their clothing.

On another occasion, the foster family had friends visiting them with their two children. Their son came to them and told them what the girl was doing with the other children. When the foster mother went to the children, who were playing in another room, the girl had taken off her underwear, and was showing it to the other children. The foster mother said that she was telling the other children how to masturbate. There was some discussion about the other children taking off their own clothes.

The attorney for the father objected several times to the questions of the agency attorney, regarding incidences in the foster mother's home, her observations of the behavior of the girl, and her feelings and thoughts about the behavior of the girl and her relationship with her father. The judge overruled many of the objections and allowed the foster mother to continue. The foster mother expressed her concern about the decline in the girl's behavior, the references to sexual behaviors, the concerns she had about her son's behavior, and the disruption the girl's behavior was causing in their home. She did not think she would be able to continue caring for the girl, nor would she be able to pursue the adoption if the father was allowed to continue visiting the girl. The girl's behavior was especially distressful after she had visits with her father.

The foster mother also stated that she would be unable to continue with the adoption if the girl's natural mother would be pursuing her appeal, which could take a long time.

The foster mother was then questioned by the attorney for the father. The main theme of the questioning was that the foster mother had expressed many of her concerns about the girl's sexual behavior, about her relationship with her father, about how upsetting the girl's behavior was to the rest of the family, and about the fact that they may not be able to pursue the adoption under these conditions, in front of the girl. The mother had spoken about these concerns to the agency worker with whom she was arranging the adoption. The foster mother denied that any of her conversations had taken place in the girl's presence, and that the girl had either been asleep, or at school during the conversations.

A few times the father asked if he could speak. Judge Ireland said that he could, but the father then would not say anything. A couple of times he walked over and spoke with his

attorney. The father and his attorney made no objections to the adoption, nor to the placement of the girl with the foster family.

Judge Ireland said that he would give his findings in a few days, but would also give his decision immediately. He stated that there would be no visits between the father and the girl, and that the foster family could adopt the girl through a closed adoption. The adoption would take place despite the mother's appeal, and with the father having no visitation rights to the child. This decision was based on the best interests of the child. The child's attorney was in agreement with this decision, as was the agency attorney. Neither the father, nor the attorney for the father raised any objections to this decision.

The girl had been placed in at least 6 other foster homes, without success. The current foster home was a "last resort... with the next step being a residential placement". According to the probation officer for the child, she was 8 years old, and had a long history of disruptive placements, especially when the father was allowed to visit with her, and that the present placement was an excellent one.

